


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 21, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L00000008995</b> 1. Entity Name HARBSMEIER & DEZAYAS INVESTMENTS, LLC	
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Principal Place of Business 5116 SOUTH LAKELAND DRIVE LAKELAND, FL 33813	Mailing Address POST OFFICE BOX 6455 LAKELAND, FL 33807-6455
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**DO NOT WRITE IN THIS SPACE**



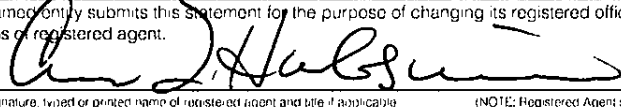
02182008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 59-3658981	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  HARBSMEIER, CURT L 5116 SOUTH LAKELAND DRIVE LAKELAND, FL 33813
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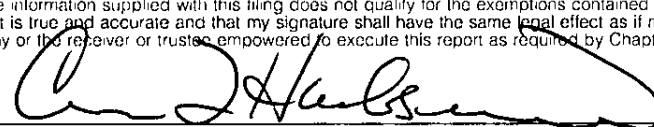
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE:  <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)</small>	DATE
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<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>	U00000834594 02/28/08-80059-010 138.75
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HARBSMEIER, CURT L 5116 SOUTH LAKELAND DRIVE LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DEZAYAS, BRUNO F 5116 SOUTH LAKELAND DRIVE LAKELAND, FL 33813
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.  SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	Date	Daytime Phone #
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