| ANNUAL REPORT (AR) | | | May 01, 2006 8:00 am Secretary of State | |
|--|--|---|--|---|
| | F#L0100001 | 645 | | |
| Entity Name | | | | 05-01-2006 90039 035 ****50.00 |
| IMBER HARVES | TING & DEVELOF | PMENT, LLC | | 9 |
| rincipal Place of Busine | ss | Mailing Address | | _ |
| 31 NE 259TH ST. | ~ | 531 NE 259TH ST. | ` | |
| ROSS CITY FL 32628 | D | CROSS CITY FL 32628 | 5 | |
| Principal Place of Bus | iness | 3. Mailing Address |) = / P | |
| Suite, Apt. #, etc. | | POBox X Suite, Apt. #, etc. | - 5 60 | |
| City & State | | City & State | EI | 4. FEI Number Applied For |
| Zip | Country | Zip C/Ty | Country · | 59-3695831 Not Applicable |
| | | 32628 | Divie | 5. Certificate of Status Desired Fee Required |
| 6. Nam | e and Address of Curr | ent Registered Agent | Name | 7. Name and Address of New Registered Agent |
| BECKHAM, T.L. 531 NE 259TH ST. CROSS CITY FL 32628 | | | Street Address | s (P.O. Box Number is Not Acceptable) |
| | | | | |
| | | | City | FL Zip Code |
| The above named ent | ity submits this statemer | nt for the nurnose of channing its | | · • • |
| | | | | tered agent or both in the State of Florida. Lam familiar with and accept |
| the obligations of regis | stered agent. | igent and little if applicable. (NOT | E Registered Agent signalize requi | red when reinslating) |
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