


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Aug 22, 2007 8:00 am**  
**Secretary of State**


07-17-2007 90007 037 \*\*\*\*50.00

<b>DOCUMENT # L01000014497</b> 1. Entity Name <b>HARAS LUISIANA USA, LLC</b>	
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Principal Place of Business <b>C/O MENDIVE &amp; ASSOCIATES</b> <b>250 CATALONIA AVE., STE. 705</b> <b>CORAL GABLES, FL 33134</b>	Mailing Address <b>C/O MENDIVE &amp; ASSOCIATES</b> <b>250 CATALONIA AVE., STE. 705</b> <b>CORAL GABLES, FL 33134</b>
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**DO NOT WRITE IN THIS SPACE**

30014410

  
 07122007No Chg-LLC      CR2E083 (11/05)

4. FEI Number <b>65-1138873</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

**MENDIVE & ASSOCIATES, P.A.**  
**250 CATALONIA AVE., STE. 705**  
**CORAL GABLES, FL 33134**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**Filing Fee is \$50.00**  
**Due by September 14, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RINCON, HOLLY S % 250 CATALONIA AVENUE, SUITE 705 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RINCON, HOLLY ANA % 250 CATALONIA AVENUE, SUITE 705 CORAL GABLES, FL 33134
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
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: Holly A. Rincon      Date: Aug/20/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Devisor Phone #

MENDIVE & ASSOCIATES, P.A.  
CERTIFIED PUBLIC ACCOUNTANTS  
250 Catalonia Avenue, Suite 705  
Coral Gables, Fl 33134  
Tel (305) 442-8890  
Fax (305) 446-2238

ATTACHMENT

30012476  
#FL01000014497

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I N S T R U C T I O N S

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TO: HARAS LUISIANA USA, LLC

DATE: AUGUST 13, 2007

FORM: ANNUAL REPORT

PERIOD: 2 0 0 7

SIGNATURE

An officer must sign and date.

AMOUNT DUE

\$ It is already paid

(SEE LETTER FROM THE FLORIDA DEPARTMENT OF STATE ATTACHED)

MAKE CHECK PAYABLE TO:

FLORIDA DEPARTMENT OF STATE

Please be sure to put your Federal identification number on the check.

MAIL REPORT TO:

DIVISION OF CORPORATIONS

P.O. BOX 6478

TALLAHASSEE, FLORIDA 32314

DUE DATE:

SEPTEMBER 14, 2007

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PLEASE MAIL AS SOON AS POSSIBLE      RETURN THE SIGNED APPLICATION WITHIN 30 DAYS

FROM THE DATE OF THIS LETTER WHICH IS JULY 20, 2007.

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ATTACHMENT

30012476

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 20, 2007

HARAS LUISIANA USA, LLC  
C/O MENDIVE & ASSOCIATES  
250 CATALONIA AVE., STE. 705  
CORAL GABLES, FL 33134

Subject: HARAS LUISIANA USA, LLC

Reference Number: L01000014497

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report has not been filed and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by a managing member, manager or an authorized representative of the limited liability company.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

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ANNUAL REPORTS SECTION