


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90227 030 ****55.00

DOCUMENT # L01000014948	
1. Entity Name HARMONY HOUSE, LLC	

Principal Place of Business 4015 GUINEVERE DR PENSACOLA FL 32514	Mailing Address 4015 GUINEVERE DR PENSACOLA FL 32514
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2. Principal Place of Business 2 East Nine Mile Rd.	3. Mailing Address remains the same as above
Suite, Apt. #, etc. Unit 11	Suite, Apt. #, etc.
City & State Pensacola, FL	City & State
Zip 32534	Country USA



MOORE CR2E083 (11/03)

4. FEI Number 59-3733585		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent HUDSON, RUTH ANN 4015 GUINEVERE DR spelling PENSACOLA FL 32514		

7. Name and Address of New Registered Agent Hudson, Ruth Ann Street Address (P.O. Box Number is Not Acceptable) 4015 Guinevere Dr. Pensacola, FL 32514 City FL Zip Code	
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 Ruth Ann Hudson DATE 3-8-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HUDSON, RUTH ANN 4015 GUINEVERE DR PENSACOLA FL 32514 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **Ruth Ann Hudson** **(home) 850-484-4779**
3/8/04 850-384-2745 (cell)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #