

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 18, 2007 08:00 AM
Secretary of State

DOCUMENT # L02000001226

1. Entity Name
HARMS-LAKE WALES, LLC



Principal Place of Business
**12067 EDGEWATER DR. N.
PALM BEACH GARDENS, FL 33410**

Mailing Address
**12067 EDGEWATER DR. N.
PALM BEACH GARDENS, FL 33410**



01102007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 03-0403040	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired ☒ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**WARD, PHILIP H III
4420 BEACON CIRCLE
WEST PALM BEACH, FL 33401**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

000000592093
01/19/07-80049-004 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	HARMS, HAROLD H II
STREET ADDRESS	7169 N. 49TH TERRACE
CITY-ST-ZIP	WEST PALM BEACH, FL 33407

TITLE	MGR
NAME	HARMS, DOROTHEA
STREET ADDRESS	12067 EDGEWATER DR.
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410

TITLE	
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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:

Dorothea B. Harms

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1-10-07 (561) 6241421

Date

Daytime Phone #