


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000005019	
1. Entity Name HAURI PROPERTIES, LLC	

Principal Place of Business 4175 GREENWOOD STABLES ROAD SARASOTA, FL 34235	Mailing Address 4175 GREENWOOD STABLES ROAD SARASOTA, FL 34235
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04272005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 03-0404478	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

BALMOS, LURSULA
4175 GREENWOOD STABLES RD
SARASOTA, FL 34235

**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, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BALMOS, URSULA 4175 GREENWOOD STABLES ROAD SARASOTA, FL 34235
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAURI, HANS R 4180 GREENWOOD STABLES P SARASOTA, FL 34235
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HURST, KATHRYN 4070 NAURI RD SARASOTA, FL 34235
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 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: Ursula Balmos 4-27-05 941-355-1883
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #