2005 LIMITED LIABILITY COMPANY

Apr 22, 2005 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # L02000005849 1. Entity Name HARLEV L.L.C. Principal Place of Business Máiling Address 25350 U.S. HIGHWAY 19 NORTH 25350 U.S. HIGHWAY 19 NORTH CLEARWATER, FL 34623 CLEARWATER, FL 34623 04182005 No Chg~LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 04-3666795 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE MARC BIRNBAUM, P.A. 1031 IVES DAIRY ROAD, SUITE 228 MIAMI, FL 33179 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 Signature, typed or printed name of registered agent and life if applicable Filing Fee is \$50.00 Due by May 1, 2005 U00000324718 MANAGING MEMBERS/MANAGERS 9. MGR TITLE HERZBERG, SAM NAME 25350 U.S. HIGHWAY 19 NORTH STREET ADDRESS CLEARWATER, FL 34623 CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY -ST -ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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.

OR AUTHORIZED REPRESENTATIV

CITY - ST-ZIP

FILED