

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000006350

**FILED**  
**Mar 16, 2005**  
**Secretary of State**

**Entity Name:** HARMONY RESTAURANT FACILITIES, LLC

**Current Principal Place of Business:**

7252 FIVE OAKS DR.  
HARMONY, FL 34773

**New Principal Place of Business:**

7251 FIVE OAKS DR.  
HARMONY, FL 347736047

**Current Mailing Address:**

3500 HARMONY SQUARE DR. WEST  
HARMONY, FL 34773

**New Mailing Address:**

3500 HARMONY SQUARE DR. WEST  
HARMONY, FL 347736047

**FEI Number:** 42-1540226

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

A.G.C. CO.  
200 SOUTH ORANGE AVE.  
SUITE 2300  
ORLANDO, FL 32801 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: LENTZ, JAMES L  
Address: 4305 NEPTUNE ROAD  
City-St-Zip: SAINT CLOUD, FL 34769

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: LENTZ, JAMES L  
Address: 3500 HARMONY SQUARE DRIVE WEST  
City-St-Zip: HARMONY, FL 347736047

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: JAMES LENTZ

MGR

03/16/2005

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date