

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000011293

FILED
Apr 29, 2008
Secretary of State

Entity Name: HARNARRINE APARTMENT RENTALS, L.L.C.

Current Principal Place of Business:

3333 S.W. 117 AVENUE
DAVIE, FL 33330

New Principal Place of Business:

3333 S.W. 117TH AVE
DAVIE, FL 33330

Current Mailing Address:

3333 S.W. 117 AVENUE
DAVIE, FL 33330

New Mailing Address:

3333 S.W. 117TH AVE
DAVIE, FL 33330

FEI Number: 46-0479257

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARNARRINE, LATCHMAN
3333 S.W. 117 AVENUE
DAVIE, FL 33330 US

Name and Address of New Registered Agent:

HARNARRINE, LATCHMAN
3333 S.W. 117TH AVE
DAVIE, FL 33330 US

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:

04/29/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HARNARRINE, LATCHMAN
Address: 3333 S.W. 117 AVENUE
City-St-Zip: DAVIE, FL 33330

Title: MGRM () Delete
Name: HARNARRINE, LEILADAI
Address: 3333 S.W. 117 AVENUE
City-St-Zip: DAVIE, FL 33330

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HARNARRINE, LATCHMAN
Address: 3333 S.W. 117TH AVE
City-St-Zip: DAVIE, FL 33330

Title: MGRM (X) Change () Addition
Name: HARNARRINE, LEILADAI
Address: 3333 S.W. 117TH AVE
City-St-Zip: DAVIE, FL 33330

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: LATCHMAN HARNARRINE

MGRM

04/29/2008

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