

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L02000015874



1. Entity Name
HARLON PUBLISHING, LLC

Principal Place of Business
170 GEORGIA AVE.
CRYSTAL BEACH, FL 34681

Mailing Address
P.O. BOX 739
CRYSTAL BEACH, FL 34681

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

HARBOLT, LAWRENCE
170 GEORGIA AVE.
CRYSTAL BEACH, FL 34681

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
HARBOTT, LAWERENCE
170 GEORGE AVE. PO BOX 739
CRYSTAL BEACH, FL 34681

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

**MGRM
HARBOTT, LAWRENCE
170 Georgia Ave. P.O. Box 739
Crystal Beach, FL 34681**

Change

Addition

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: Lawrence Harbolt merm **April 28, 2005** **1274204810**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #



04252005 Chg-LLC CR2E083 (10/03)

4. FEI Number
33-1009837

Applied For
Not Applicable

5. Certification Status Desired
\$5.00 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code