2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # L02000015874

1. Entity Name

HARLON PUBLIFAING, LLC



FILED May 02, 2006 08:00 AN Secretary of State

Principal Place of Business 170 GEORGIA AVE. CRYSTAL BEACH, FL 34681 Mailing Address P.O. BOX 739 CRYSTAL BEACH, FL 34681



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

04272006No Chg-LLC CR2E083 (11/05)

> Applied For Not Applicable

5. Certificate of Status Desired

33-1009837

4. FEI Number

\$5.00 Additional Fee Required

HARBOLT, LAWRENCE

DO NOT WOITE

170 GEORGIA AVE. CRYSTAL BEACH, FL 34681		IN THIS SPACE	
the obligat	named entity submits this statement for the purpose of char lons of registered agent.	iging its registered office or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
Fi D	iling Fee is \$50.00 ue by May 1, 2006		
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HARBOLT, LAWRENCE 170 GEORGE AVE. PO BOX 739 CRYSTAL BEACH, FL 34681		
TITLE HAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	U00000559158 05/17/06-80125-019 50.00 NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
	certify that the information supplied with this filling does not on this report is true and accurate and that my storiature si	qualify for the exemptions contained in Chapter 1:	19, Florida Statutes. I further certify that the information

employered to execute this report as required by Chapter 608, Florida Statutes.

7274204810 4-27-06 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE