


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 08, 2007 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # L02000015874 1. Entity Name HARLON PUBLISHING, LLC |  |
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| Principal Place of Business 170 GEORGIA AVE. CRYSTAL BEACH, FL 34681 | Mailing Address P.O. BOX 739 CRYSTAL BEACH, FL 34681 |
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DO NOT WRITE IN THIS SPACE



05192007No Chg-LLC

CR2E083 (11/05)

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|------------------------------------|--|
| 4. FEI Number 33-1009837 | Applied For <input type="checkbox"/> Not Applicable |
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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent HARBOLT, LAWRENCE 170 GEORGIA AVE. CRYSTAL BEACH, FL 34681 |
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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.

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| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | DATE _____ |
|--|------------|

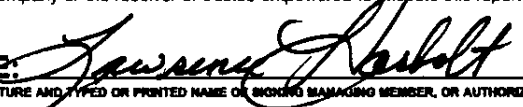
**Filing Fee is \$50.00
Due by September 14, 2007**

| 9. MANAGING MEMBERS/MANAGERS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM HARBOLT, LAWRENCE 170 GEORGE AVE. PO BOX 739 CRYSTAL BEACH, FL 34681 |
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08/08/07-80007-018 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  | July 25, 2007 | 727 430 4810 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small> | <small>Date</small> | <small>Daytime Phone #</small> |