2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000008693

Entity Name: TOM HARVEY, LLC

FILED Mar 08, 2006 Secretary of State

03/08/2006

Current Principal Place of Business: New Principal Place of Business:

10229 MASON LOOP CLERMONT, FL 34711 US

Current Mailing Address: New Mailing Address:

10229 MASON LOOP CLERMONT, FL 34711 US

FEI Number: 01-0772152 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

HARVEY, TOM
333 ELIZABETH AVE
MASCOTTE, FL 34753 US
HARVEY, TOM
10229 MASON LOOP
CLERMONT, FL 34711 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: TOM HARVEY

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: MGRM (X) Change () Addition

 Name:
 HARVEY, TOM
 Name:
 HARVEY, TOM

 Address:
 333 ELIZABETH AVE
 Address:
 10229 MASON LOOP

 City-St-Zip:
 MASCOTTE, FL 34753 US
 City-St-Zip:
 CLERMONT, FL 34711 US

Title: MGRM () Delete Title: () Change () Addition

 Name:
 KARS, CHAD
 Name:

 Address:
 10229 MASON LOOP
 Address:

 City-St-Zip:
 CLERMONT, FL 34711 US
 City-St-Zip:

Title: () Delete Title: MGRM () Change (X) Addition

 Name:
 Name:
 COPPAGE, BRANDON M

 Address:
 Address:
 122NORTH SUNSET AVE.

 City-St-Zip:
 City-St-Zip:
 MASCOTTE, FL 34753

I hereby certify that the information supplied with this filing does not qualify for the 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: CHAD KARS MGRM 03/08/2006