

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000030223

FILED
Apr 20, 2005
Secretary of State

Entity Name: HARRELL PROPERTIES COMPANY, LLC

Current Principal Place of Business:

9426 LARKBUNTING DRIVE
TAMPA, FL 33647

New Principal Place of Business:

9323 MANDRAKE COURT
TAMPA, FL 33647

Current Mailing Address:

9426 LARKBUNTING DRIVE
TAMPA, FL 33647

New Mailing Address:

9323 MANDRAKE COURT
TAMPA, FL 33647

FEI Number: 42-1604732

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MANELLI, DANNIS E ESQ.
C/O PHELPS DUNBAR LLP
100 SOUTH ASHLEY DRIVE, SUITE 1900
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: HARRELL, DARREN K
Address: 9426 LARKBUNTING DRIVE
City-St-Zip: TAMPA, FL 33647

Title: MGR () Delete
Name: HARRELL, DEBORAH J
Address: 9426 LARKBUNTING DRIVE
City-St-Zip: TAMPA, FL 33647

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: HARRELL, DARREN K
Address: 9323 MANDRAKE COURT
City-St-Zip: TAMPA, FL 33647

Title: MGR (X) Change () Addition
Name: HARRELL, DEBORAH J
Address: 9323 MANDRAKE COURT
City-St-Zip: TAMPA, FL 33647

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DEBORAH HARRELL

MGR

04/20/2005

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