

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 17, 2005 8:00 am
Secretary of State

05-17-2005 90120 007 ****50.00

DOCUMENT # LC3000035211

1. Entity Name
HAR-MONEY CONSULTING, LLC



DO NOT WRITE IN THIS SPACE

14017811

2. Principal Place of Business Albuquerque, NM Suite, Apt. #, etc. Suite D-3 #330 City & State Albuquerque, NM Zip 87120		3. Mailing Address 8201 Golf Course Rd. Suite, Apt. #, etc. City & State Country		4. FEI Number Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required			

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent				
	Name Milton H. Baxley				
	Street Address (P.O. Box Number is Not Acceptable) 1929 NW 12th Terrace				
	City Gainesville			FL Zip Code 32609	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FEE IS \$50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EAP CORPORATION / MEMBER-MANAGER 500 North Rainbow Blvd, Suite 300 Las Vegas, NV 89107	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E089B (12/02)

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: Mark S. Johnson PRESIDENT - EAP CORP. 5/4/05 762-221-1946

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #