


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 31, 2007 8:00 am
Secretary of State

05-02-2007 90349 016 ****50.00

DOCUMENT # L03000041870 1. Entity Name HARLAN AUTOMOTIVE, LLC																																																																									
Principal Place of Business % STEVEN A. SCIARETTA, P.A. 2799 NW BOCA RATON BLVD #203 BOCA RATON, FL 33431		Mailing Address % GAME PLAN FINANCIAL 2401 NW BOCA RATON BLVD BOCA RATON, FL 33431																																																																							
2. Principal Place of Business - No P.O. Box # <i>same as above</i>		3. Mailing Address <i>% Steven A. Sciaretta, P.A.</i> <i>2799 NW Boca Raton Blvd #203</i>																																																																							
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																																																																							
City & State 		City & State <i>Boca Raton, FL</i>																																																																							
Zip 	Country 	Zip <i>33431</i>	Country 																																																																						
4. FEI Number 55-0850048		Applied For <input type="checkbox"/> Not Applicable																																																																							
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required																																																																							
6. Name and Address of Current Registered Agent SCIARETTA, STEVEN A % STEVEN A. SCIARETTA, P.A. 2799 NW BOCA RATON BLVD #203 BOCA RATON, FL 33431		7. Name and Address of New Registered Agent Name <i>same as listed left</i> Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																																																																							
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 <i>[Signature]</i> DATE <i>4/27/03</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																									
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State																																																																							
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:10%;">STREET ADDRESS</td> <td style="width:10%;">CITY-ST-ZIP</td> <td style="width:10%; text-align: center;"> <input checked="" type="checkbox"/> Delete </td> </tr> <tr> <td></td> <td>MGR</td> <td>GRIFFITH, ROBERT O</td> <td>2401 NW BOCA RATON BLVD</td> <td></td> </tr> <tr> <td></td> <td></td> <td>BOCA RATON, FL 33431</td> <td></td> <td></td> </tr> </table>		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete		MGR	GRIFFITH, ROBERT O	2401 NW BOCA RATON BLVD				BOCA RATON, FL 33431			10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:10%;">STREET ADDRESS</td> <td style="width:10%;">CITY-ST-ZIP</td> <td style="width:10%; text-align: center;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td></td> <td>MGR</td> <td>GRIFFITH, ROBERT</td> <td>2799 NW BOCA RATON BLVD #203</td> <td></td> </tr> <tr> <td></td> <td></td> <td>BOCA RATON, FL 33431</td> <td></td> <td></td> </tr> </table>		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		MGR	GRIFFITH, ROBERT	2799 NW BOCA RATON BLVD #203				BOCA RATON, FL 33431																																										
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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: <i>[Signature]</i> DATE <i>4/27/03</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																																																																									