


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90015 021 ****50.00

DOCUMENT # L03000049197		
1. Entity Name H.L. LARSON, LLC		

Principal Place of Business 7815 EMPIRE AVE ORLANDO, FL 32810	Mailing Address 7815 EMPIRE AVE ORLANDO, FL 32810
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20037630



2. Principal Place of Business 2007 LAKE ALMA DR. Suite, Apt. #, etc.	3. Mailing Address 2007 LAKE ALMA DR. Suite, Apt. #, etc.
City & State APOPKA, FL.	City & State APOPKA, FL.
Zip 32712 Country U.S.A.	Zip 32712 Country U.S.A.

02022005 Chg-LLC CR2E083 (10/03)

4. FEI Number 42-1612468	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 LARSON, HARRY L 7815 EMPIRE AVE ORLANDO, FL 32810	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2007 LAKE ALMA DR. City APOPKA, FL Zip Code 32712	
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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>H. L. Larson</i> Signature, typed or printed name of registered agent and title if applicable.	DATE 4-12-05 (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LARSON, HARRY L 7815 EMPIRE AVE ORLANDO, FL 32810 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2007 LAKE ALMA DR. APOPKA, FL. 32712 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <i>Harry L. Larson</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	DATE 4-12-05 407-256-1352 Daytime Phone #
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