


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 09, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000053884</b>	
1. Entity Name HARMARBI, LLC	

Principal Place of Business 6619 NW 18TH AVENUE MIAMI, FL 33147 US	Mailing Address 6619 NW 18TH AVENUE MIAMI, FL 33147 US
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**DO NOT WRITE IN THIS SPACE**



05032005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 26-5475640	Applied For 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  LONG, HARRY 6619 NW 18TH AVENUE MIAMI, FL 33147
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**DO NOT WRITE IN THIS SPACE**

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: *Harry M Long* DATE: 5-3-05

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
Due by September 7, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LONG, HARRY 6619 NW 18TH AVENUE MIAMI, FL 33147
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U00000365119  
05/03/05-80027-006 50.00

**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Harry M Long* DATE: 5-3-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE