

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000004018

Entity Name: HARBIR PROPERTIES, LLC

FILED
Mar 25, 2009
Secretary of State

Current Principal Place of Business:

549 WYMORE RD, STE 206
MAITLAND, FL 32751

New Principal Place of Business:

549 N. WYMORE RD, STE 206
MAITLAND, FL 32751

Current Mailing Address:

549 WYMORE RD, STE 206
MAITLAND, FL 32751

New Mailing Address:

549 N. WYMORE RD, STE 206
MAITLAND, FL 32751

FEI Number: 20-0598364

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BIRCHMIER, RANDALL R
549 WYMORE RD, STE 206
MAITLAND, FL 32751 US

Name and Address of New Registered Agent:

BIRCHMIER, RANDALL R
549 N. WYMORE RD, STE 206
MAITLAND, FL 32751 US

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:

03/25/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BIRCHMIER, RANDALL R
Address: 549 WYMORE RD, STE 206
City-St-Zip: MAITLAND, FL 32751

Title: MGRM () Delete
Name: HARFORD, PAUL R
Address: 549 N. WYMORE ROAD, SUITE 206
City-St-Zip: MAITLAND, FL 32751

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BIRCHMIER, RANDALL R
Address: 549 N. WYMORE RD, STE 206
City-St-Zip: MAITLAND, FL 32751

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: RANDALL R. BIRCHMIER

MGRM

03/25/2009

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