

# 2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 MAY 23 AM 9:28

<b>DOCUMENT # LG4000025398</b> 1. Entity Name <b>HARRISON VILLAGE PROPERTIES, LLC</b>					
Principal Place of Business <b>133 CANDY LANE PALM HARBOR, FL 34683</b>			Mailing Address <b>133 CANDY LANE PALM HARBOR, FL 34683</b>		
2. Principal Place of Business <b>714 N. Ft. Harrison Ave</b>		3. Mailing Address <b>714 N. Ft. Harrison Ave</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Clearwater, FL</b>		City & State <b>Clearwater, FL</b>			
Zip <b>33755</b>		Country <b>USA</b>		05162005 Chg-LLC CR2E083 (10/03)	
4. FEI Number <b>20-0956494</b>		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>KUGLER, BENJAMIN 133 CANDY LANE PALM HARBOR, FL 34683</b>		7. Name and Address of New Registered Agent Name <b>Kugler, Benjamin</b> Street Address (P.O. Box Number is Not Acceptable) <b>714 N. Ft. Harrison Ave</b> City <b>Clearwater</b> <b>FL</b> Zip Code <b>33755</b>			
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 <u><i>Ben Kugler</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u>5/20/2005</u>					
<b>Amended AR is \$50.00</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KUGLER, BENJAMIN 133 CANDY LANE PALM HARBOR, FL 34683	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Kugler, Benjamin 714 N. Ft. Harrison Ave Clearwater, FL 33755	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOLLINGSWORTH, JESSICA 133 CANDY LANE PALM HARBOR, FL 34683	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Pollack, Ron 714 N. Ft. Harrison Ave Clearwater, FL 33755	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300056303863 06/17/05--01047--006 **50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<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: <u><i>Ben Kugler</i></u> DATE <u>May 20, 2005</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					