2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 19, 2005 8:00 am
Secretary of State
01-19-2005 90025 011 ****50.00

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1. Entity Name
HARVEST INVESTMENT ADVISORS, LLC

Principal Place of Business	Mailing Address
932 SUMMERBROOKE DRIVE TALLAHASSEE, FL 32312	932 SUMMERBROOKE DRIVE TALLAHASSEE, FL 32312

01182005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
1282 TIMBERLANE ROAD		1282 TIMBERLANE ROAD	
Suite, Apt. #, etc.: SUITE C		Suite, Apt. #, etc.: SUITE C	
City & State: TALLAHASSEE FL		City & State: TALLAHASSEE FL	
Zip: 32312	Country: LEON	Zip: 32312	Country: LEON

4. FEI Number: 55-0864026 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

ROBERTS, MILLARD DAVID
932 SUMMERBROOKE DRIVE
TALLAHASSEE, FL 32312

7. Name and Address of New Registered Agent

Name
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 ______ DATE ______
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 May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE: MGRM NAME: MILLARD DAVID ROBERTS STREET ADDRESS: 932 SUMMERBROOKE DRIVE CITY-ST-ZIP: TALLAHASSEE, FL 32312	☐ Change	☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE: MGRM NAME: MICHAEL BRYAN BARRE STREET ADDRESS: 2305 KILLEARN CENTER BLVD., APT. C-70 CITY-ST-ZIP: TALLAHASSEE, FL 32309	☐ Change	☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change	☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change	☐ 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: Michael B. Barre MICHAEL B. BARRE 1-18-2005 850-893-4414
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #