

# 2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

**DOCUMENT # L04000030432**

1. Entity Name  
HARRISON JONES PROPERTIES, LLC



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 MAY 23 AM 9:26

Principal Place of Business  
133 CANDY LANE  
PALM HARBOR, FL 34683

Mailing Address  
133 CANDY LANE  
PALM HARBOR, FL 34683

2. Principal Place of Business  
714 N. Ft Harrison Ave  
Suite, Apt. #, etc.

3. Mailing Address  
714 N. Ft Harrison Ave  
Suite, Apt. #, etc.

City & State  
Clearwater FL

City & State  
Clearwater FL

Zip  
33755

Country  
USA

Zip  
33755

Country  
USA



05162005 Chg-LLC CR2E083 (10/03)

4. FEI Number  
20-1028882

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
KUGLER, BENJAMIN  
133 CANDY LANE  
PALM HARBOR, FL 34683

7. Name and Address of New Registered Agent  
Name  
Kugler, Benjamin  
Street Address (P.O. Box Number is Not Acceptable)  
714 N. Ft Harrison Ave  
City  
Clearwater FL Zip Code  
33755

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 Ben Kugler (NOTE: Registered Agent signature required when reinstating) DATE May 20, 2005

Amended AR is \$50.00

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOLLINGSWORTH, JESSICA 133 CANDY LANE PALM HARBOR, FL 34683 <input checked="" 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	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	<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

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: Ben Kugler DATE May 20, 2005

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