2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000030432

1. Entity Name

HARRISON-JONES PROPERTIES, LLC



FILED Apr 10, 2008 08:00 A Secretary of State

Principal Place of Business

Mailing Address

305 NORTH FT. HARRISON CLEARWATER, FL 33755

305 NORTH FT. HARRISON CLEARWATER, FL 33755



03172008 No Chg-LLC

CR2E083 (12/07)

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 305 NORTH FT. HARRISON CLEARWATER, FL 33755

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	e named entity submits this statement for the purpose of cha ations of registered agent.	anging its registered office or registered agent, or be	oth, in the State of Florida. I am familiar with, and accep
SIGNATURE.			
	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
After Ma	E NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75		000000890773 04/22/08-80107-022 138.75
9.	MANAGING MEMBERS/MANAGERS		
TITLE	MGR		
NAME	TRIANGLE PROPERTY HOLDINGS LLC		
STREET ADDRESS	305 N FT HARRISON AVE	J	
CITY-ST-ZIP	CLEARWATER, FL 33755	·	•
TITLE			

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. 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:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

CITY-ST-ZIP

NAME
STREET ADDRESS
CITY-ST-ZIP
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NAME
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CITY-ST-ZIP
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NAME
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CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING NEMBER, OR AUTHORIZED REPRESENTATI

14/02

727-774-183

Daytime Phone #