


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90117 039 ***138.75

DOCUMENT # L04000035540 1. Entity Name HAROLD COURT TOWNHOMES, LLC					
Principal Place of Business 2506 SOUTH MACDILL AVENUE TAMPA, FL 33629			Mailing Address 2506 SOUTH MACDILL AVENUE TAMPA, FL 33629		
2. Principal Place of Business - No P.O. Box # 13907 CARROLLWOOD VILLAGE RUN		3. Mailing Address 13014 N. DALE MABRY HWY SUITE 356			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State TAMPA FL		City & State TAMPA FL		4. FEI Number 20-1135553	
Zip 33618		Country 		Applied For <input type="checkbox"/> Not Applicable	
Zip 33618		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BAILIN, LAWRENCE J 401 EAST JACKSON STREET, STE. 2200 TAMPA, FL 33602			7. Name and Address of New Registered Agent Name GARY A. FAIRBANKS Street Address (P.O. Box Number is Not Acceptable) 13907 CARROLLWOOD VILLAGE RUN City TAMPA FL Zip Code 33618		
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>GARY A. FAIRBANKS</i></u> GARY A. FAIRBANKS 4/11/08 DATE					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LANDERS, JAMES F 2506 S MACDILL AVE TAMPA, FL 33629	<input checked="" 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		MGR JASON RAPIAPORT 13907 CARROLLWOOD VILLAGE RUN TAMPA FL 33618	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		MGR A. G. RAPIAPORT 13907 CARROLLWOOD VILLAGE RUN TAMPA FL 33618	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 <u><i>A.G. RAPIAPORT</i></u> A.G. RAPIAPORT 4/11/08 813-269-0899					