

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000038083

Entity Name: HARMONY WATERS, L.L.C.

FILED
Apr 07, 2005
Secretary of State

Current Principal Place of Business:

2247 NORTH OVERBROOK AVENUE
BELLEAIR BLUFFS, FL 33770

New Principal Place of Business:

Current Mailing Address:

2247 NORTH OVERBROOK AVENUE
BELLEAIR BLUFFS, FL 33770

New Mailing Address:

FEI Number: 20-1151752

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTIN, JOHN P PA
401 SOUTH LINCOLN AVENUE
CLEARWATER, FL 33756 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: LECLERC, ROBERT W
Address: 2247 NORTH OVERBROOK AVENUE
City-St-Zip: BELLEAIR BLUFFS, FL 33770

Title: MGRM () Delete
Name: LECLERC, LORETTA M
Address: 2247 NORTH OVERBROOK AVENUE
City-St-Zip: BELLEAIR BLUFFS, FL 33770

Title: MGRM () Delete
Name: LECLERC, BRIAN J
Address: 2247 NORTH OVERBROOK AVENUE
City-St-Zip: BELLEAIR BLUFFS, FL 33770

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: JOHN P MARTIN

RA

04/07/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date