



# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90049 044 \*\*\*\*55.00

<b>DOCUMENT # L04000038701</b> 1. Entity Name <b>HARVARD MORTGAGE FLORIDA, LLC</b>					
Principal Place of Business <b>1682 ORANGE THORPE LANE CLERMONT, FL 34711</b>				Mailing Address <b>1682 ORANGE THORPE LANE. CLERMONT, FL 34711</b>	
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country			
02162005    Chg-LLC    CR2E083 (10/03)				4. FEI Number <b>86-1110740</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>BARBARINO, JAMES P 1682 ORANGE THORPE LANE CLERMONT, FL 34711</b>				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 _____ (NOTE: Registered Agent signature required when reinstating)					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE <b>MBRM President</b> <input type="checkbox"/> Delete NAME <b>James P. Barbarino</b> STREET ADDRESS <b>1682 Orange Thorpe Lane</b> CITY-ST-ZIP <b>CLERMONT, FL 34711</b>			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <b>MBRM Sec/Treasurer</b> <input type="checkbox"/> Delete NAME <b>Anthony J. Campanella</b> STREET ADDRESS <b>8690 Sherman Rd</b> CITY-ST-ZIP <b>Chesapeake, VA 22026</b>			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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: <b>James P. Barbarino, President</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			<b>4/20/05 3525362882</b> Date      Daytime Phone #		