


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jul 31, 2007 8:00 am
Secretary of State

07-31-2007 90002 015 ****55.00

DOCUMENT # L04000070752	
1. Entity Name CARL HARPER LLC	

Principal Place of Business 2124 NW 55TH BLVD APT D-1 GAINESVILLE FL 32653	Mailing Address 2124 NW 55TH BLVD APT D-1 GAINESVILLE FL 32653
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2. Principal Place of Business - No P.O. Box # 2160 NW 67 PLKE B-20	3. Mailing Address P.O. Box #9004 3634 W. House Ave
Suite, Apt. #, etc. B-20	Suite, Apt. #, etc. 3634 W. House Ave
City & State Gainesville Fla	City & State Gainesville Fla
Zip 32653	Zip 32607
Country Alachua	Country Alachua

2nd MOORE CR2E083 (4/07)

4. FEI Number 27-0111419	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HARPER, CARL L 2124 NW 55TH BLVD APT D-1 GAINESVILLE FL 32653	
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 *Carl L Harper* (NOTE: Registered Agent signature required when reinstating)
DATE 7-27-07

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 5, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HARPER, CARL L 2124 NW 55TH BLVD APT D-1 GAINESVILLE FL 32653 <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 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: *Carl L Harper* 7-27-07 352-562-1272
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #