


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90065 036 \*\*\*\*50.00

<b>DOCUMENT # L04000073124</b>						
<b>1. Entity Name</b> HARRY'S OF CITRUS PARK, LLC						
<b>Principal Place of Business</b> 11935 SHELDON RD TAMPA, FL 33626			<b>Mailing Address</b> 1056 N. 3RD STREET JACKSONVILLE BEACH, FL 32250			
<b>2. Principal Place of Business - No P.O. Box #</b>			<b>3. Mailing Address</b>			
Suite, Apt. #, etc.			Suite, Apt. #, etc.			
City & State			City & State			
Zip		Country		Zip		
Country		Country		Country		
<b>6. Name and Address of Current Registered Agent</b>  F&L CORP. ONE INDEPENDENT DRIVE, SUITE 1300 JACKSONVILLE, FL 32202				<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City  <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
<b>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.</b>						
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>						
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>			<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>				<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> MGR <b>NAME</b> SAIG, LOUIS <b>STREET ADDRESS</b> 1056 NORTH 3RD ST <b>CITY-ST-ZIP</b> JACKSONVILLE BEACH, FL 32250	<input type="checkbox"/> Delete			<b>TITLE</b> MGR <b>NAME</b> Lisa Kavalieros <b>STREET ADDRESS</b> 9995 Gate Parkway North, Ste 400 <b>CITY-ST-ZIP</b> JACKSONVILLE, FL 32246	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> MGR <b>NAME</b> SAIG, GREG <b>STREET ADDRESS</b> 1056 NORTH 3RD ST <b>CITY-ST-ZIP</b> JACKSONVILLE BEACH, FL 32250	<input type="checkbox"/> Delete			<b>TITLE</b> P <b>NAME</b> JEFF Jabot <b>STREET ADDRESS</b> 1056 North 3rd St <b>CITY-ST-ZIP</b> Jacksonville Beach, FL 32250	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> MGR <b>NAME</b> SCHEEL, WILLIAM <b>STREET ADDRESS</b> 1056 NORTH 3RD ST <b>CITY-ST-ZIP</b> JACKSONVILLE BEACH, FL 32250	<input type="checkbox"/> Delete			<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> MGR <b>NAME</b> KOEGLER, STEVE <b>STREET ADDRESS</b> 1056 NORTH 3RD ST <b>CITY-ST-ZIP</b> JACKSONVILLE BEACH, FL 32250	<input checked="" type="checkbox"/> Delete			<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> MGR <b>NAME</b> CHATTIN, WILLIAM <b>STREET ADDRESS</b> 1056 NORTH 3RD ST <b>CITY-ST-ZIP</b> JACKSONVILLE BEACH, FL 32250	<input type="checkbox"/> Delete			<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VP <b>NAME</b> JABOT, JESSE <b>STREET ADDRESS</b> 1056 NORTH 3RD ST <b>CITY-ST-ZIP</b> JACKSONVILLE BEACH, FL 32250	<input type="checkbox"/> Delete			<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>						
<b>SIGNATURE:</b> _____				Date: 4-25-07		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Daytime Phone #: 247-1510		