



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90013 011 ****50.00

DOCUMENT # L04000073355					
1. Entity Name HARBINGER HOME & LAND LLC					
Principal Place of Business 135 SW 101 WAY CORAL SPRINGS, FL 33071 US			Mailing Address 135 SW 101 WAY CORAL SPRINGS, FL 33071 US		
2. Principal Place of Business 6031 Bur oak Dr.		3. Mailing Address 6031 Bur oak Dr.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04062006 Chg-LLC CR2E083 (11/05)	
City & State Spring, TX		City & State Spring, TX		4. FEI Number 20-1754173	
Zip 77379		Country U.S.		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SABISTON, ROBERT N 135 SW 101 WAY CORAL SPRINGS, FL 33071			7. Name and Address of New Registered Agent Name <u>Kenneth Tomak</u> Street Address (P.O. Box Number is Not Acceptable) <u>10100 W. Sample Rd. Suite 318</u> <u>Coral Springs</u> FL <u>33065</u>		
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>[Signature]</u> DATE <u>4/7/06</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE MGR NAME SABISTON, ROBERT N STREET ADDRESS 135 SW 101 WAY CITY - ST - ZIP CORAL SPRINGS, FL 33071	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGR NAME SABISTON, KATHY S STREET ADDRESS 135 SW 101 WAY CITY - ST - ZIP CORAL SPRINGS, FL 33071	<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	
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>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date <u>4/7/06</u> Daytime Phone # <u>954-254-1014</u>	