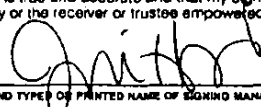


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

5 **FILED**
Jun 19, 2006 8:00 am
Secretary of State

05-02-2006 90045 019 *****55.00

DOCUMENT # L05000000974					
1. Entity Name HARLEY PAUITES @ KING'S COVE, LLC					
Principal Place of Business 1269 CR 309 CRESCENT CITY, FL 32212			Mailing Address 1269 CR 309 CRESCENT CITY, FL 32212		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip 32112	Country		Zip 32112	Country	
4. FEI Number 20-2181304			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☒			\$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BARNETT, STACEY N 1269 CR 309 CRESCENT CITY, FL 32212			Name Street Address (P.O. Box Number is Not Acceptable) City FL 32112		
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 re-registering) DATE _____					
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 NAME STREET ADDRESS CITY - ST - ZIP	MGRM KING, DONNIE M 112 WAYSIDE COURT SANFORD, FL 32771 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KING, DONNA M 112 WAYSIDE COURT SANFORD, FL 32771 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BARNETT, STACEY M 1269 CR 309 CRESCENT CITY, FL 32212 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM TILTON, STACEY N. 1269 CR 309 CRESCENT CITY, FL 32112 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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: 			4/28/06 401 322-4577		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Device Phone #		

30010746



04282006 Chg-LLC CR2E083 (11/05)