

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000004148

Entity Name: HARVEST MOON CENTER, LLC

FILED
Jan 07, 2008
Secretary of State

Current Principal Place of Business:

1287 WEST ATLANTIC BLVD.
POMPANO BEACH, FL 33069

New Principal Place of Business:

Current Mailing Address:

1287 WEST ATLANTIC BLVD.
POMPANO BEACH, FL 33069

New Mailing Address:

FEI Number: 87-0742057

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BEIGHLEY, ADAM S
1255 WEST ATLANTIC BLVD.
SUITE 314
POMPANO BEACH, FL 33069 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SHAOUY, ROBERT
Address: 1287 WEST ATLANTIC BLVD.
City-St-Zip: POMPANO BEACH, FL 33069

Title: MGMR () Delete
Name: SHAOUY, ELIAS
Address: 1287 WEST ATLANTIC BLVD.
City-St-Zip: POMPANO BEACH, FL 33069

Title: MGR () Delete
Name: SHAOUY, GERALDINE
Address: 1287 WEST ATLANTIC BLVD.
City-St-Zip: POMPANO BEACH, FL 33069

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GERALDINE M. SHAOUY

MGMR

01/07/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date