## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000004148

**Current Principal Place of Business:** 

Entity Name: HARVEST MOON CENTER, LLC

FILED Jan 29, 2009 Secretary of State

| 1287 WEST ATLANTIC I<br>POMPANO BEACH, FL                                  |                                  |   |                                       |
|--|----------------------------------|---|---------------------------------------|
| Current Mailing Address:   |                                  | New Mailing Address:                      |                                       |
| 1287 WEST ATLANTIC POMPANO BEACH, FL                                       |                                  |   |                                       |
| FEI Number: 87-0742057   | FEI Number Applied For ( )       | FEI Number Not Applicable ( )             | Certificate of Status Desired ( )     |
| Name and Address of Current Registered Agent:                              |                                  | Name and Address of New Registered Agent: |                                       |
| BEIGHLEY, ADAM S<br>1255 WEST ATLANTIC I<br>SUITE 314<br>POMPANO BEACH, FL |                                  |   |                                       |
| The above named entity in the State of Florida                             | submits this statement for the p | purpose of changing its registered        | I office or registered agent, or both |
| in the State of Florida.   |                                  |   |                                       |

## MANAGING MEMBERS/MANAGERS:

Electronic Signature of Registered Agent

MGRM () Delete SHAOUY, ROBERT Name:

MGMR

Title:

Address: 1287 WEST ATLANTIC BLVD. City-St-Zip: POMPANO BEACH, FL 33069

() Delete

Name: SHAOUY, ELIAS Address: 1287 WEST ATLANTIC BLVD.

City-St-Zip: POMPANO BEACH, FL 33069

Title: MGR () Delete SHAOUY, GERALDINE Name:

1287 WEST ATLANTIC BLVD. Address: City-St-Zip: POMPANO BEACH, FL 33069 City-St-Zip:

ADDITIONS/CHANGES:

Title:

Title:

Name:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

Name:

Address:

**New Principal Place of Business:** 

Title: () Change () Addition

Date

() Change () Addition

() Change () Addition

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 **MGMT** 01/29/2009