

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 02, 2006 8:00 am
Secretary of State

01-12-2006 90037 037 ****50.00

DOCUMENT # L05000011579					
1. Entity Name HARP VENTURE I, LLC					
Principal Place of Business 944 4TH STREET NORTH SUITE #800 SAINT PETERSBURG, FL 33701			Mailing Address 944 4TH STREET NORTH SUITE #800 SAINT PETERSBURG, FL 33701		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. Name and Address of Current Registered Agent LABUDE, JON R 944 4TH STREET NORTH SUITE 800 SAINT PETERSBURG, FL 33701			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
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. SIGNING AS MANAGING MEMBER OF HARP VENTURE I, LLC 1/6/6					
SIGNATURE: <u>[Signature]</u> DATE: <u>1/6/6</u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</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 NAME STREET ADDRESS CITY - ST - ZIP	MGRM LABUDE, JON R. 944 4TH STREET NORTH, STE 800 SAINT PETERSBURG, FL 33701	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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>			JON R. LABUDE 1/6/6		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			727-510-1921		

SIGNING AS MANAGING MEMBER
OF HARP VENTURE I, LLC



ATTACHMENT
36000205

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 17, 2006

HARP VENTURE I, LLC
944 4TH STREET NORTH
SUITE #800
SAINT PETERSBURG, FL 33701

Subject: HARP VENTURE I, LLC

Reference Number: **L05000011579**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/JD
ANNUAL REPORTS SECTION