
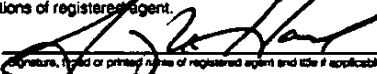
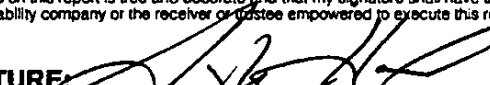


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

5. **FILED**  
**Jun 02, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90038 032 \*\*\*\*50.00

<b>DOCUMENT # L05000032456</b> 1. Entity Name <b>HARROD DEVELOPMENT INVESTMENTS II, LLC</b>					
Principal Place of Business <b>777 S. HARBOUR ISLAND BLVD, STE 877 TAMPA, FL 33602</b>			Mailing Address <b>777 S. HARBOUR ISLAND BLVD, STE 877 TAMPA, FL 33602</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>HARROD, GARY W 777 S. HARBOUR ISLAND BLVD, STE 877 TAMPA, FL 33602</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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  <small>(Signature, typed or printed name of registered agent and title if applicable)</small>			DATE <b>4-10-06</b> <small>(NOTE: Registered Agent signature required when releasing)</small>		
<b>Filing Fee is \$50.00 Due by May 1, 2008</b>		Make check payable to <b>Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MEMBER-MANAGING</b> <input type="checkbox"/> Delete <b>GARY W. HARROD</b> <b>777 S HARBOUR ISLAND</b> <b>TAMPA, FL 33602</b> <b>BLVD</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			DATE <b>4-10-06</b> <small>Date Daytime Phone #</small>		

30009441



03292006 Chg-LLC CR2E083 (11/05)

4. FEI Number **20-2794475** Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required