2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

CRIY-ST-ZP TITLE HAME STREET ADDRESS CITY-ST-ZP TITLE

STREET ADDRESS CHY-ST-ZP

FILED Jan 11, 2007 08:00 AN DOCUMENT #L05000040496 Secretary of State HARTER FAMILY COMPANY, LLC Mailing Address Principal Place of Business 9918 HARTER SMITH DRIVE 9918 HARTER SMITH DRIVE LITHIA, FL 33547 LITHIA, FL 33547 01032007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-2870760 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent DO NOT WRITE BARNETT, SCOTT F 412 EAST MADISON STREET SUITE 900 IN THIS SPACE **TAMPA, FL 33602** 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. Signature, typed or printed name of registered agent and title if applicable (TKOTE, Registered Agent algusture required when reinstailing) Filing Fee is \$50.00 Due by May 1, 2007 MANAGING MEMBERS/MANAGERS 9. MGR TITLE HARTER, RICHARD M NAME STREET ADDRESS 9918 HARTER SMITH ROAD CITY-ST-ZIP LITHIA, FL 33547 TITLE U00000581690 01/11/07-80002-006 50.00 HARTER, PATRICIA NAME STREET ADDRESS 9918 HARTER SMITH ROAD CBY-ST-7P LITHIA, FL 33547 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE MLE NAME STREET ADDRESS

11. I hereby certify that the information supplied with this filling 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.