2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 10, 2008 08:00 AN
Secretary of State

	AIIIIVAL	ILE CITI		5	Cagriotarry	c	
DOCUMENT # L05000049884 1. Entity Name ALL IN HARMONY REAL ESTATE VENTURES, LLC				Secretary of			
40 MARSHSI	e of Business DE DRIVE ORT, MA 02675	Mailing Address 40 MARSHSIDE DRIVE YARMOUTHPORT, MA 020	675	- - -	HI STAN 1810 LOID HAN TAN ARREST IN S	æ	
DO NOT WRITE IN THIS SPAC				02042008 No Chg-LLC			
DO NOT WITTE IN THIS STA			AOL	4. FEI Number 20-2855656	Applied I Not Appl	ricable	
				5. Certificate of Status Desired	55.00 Additional Fee Required		
	6. Name and Address of Current	Registered Agent					
TREISER, COLLINS & VERNON. PL 3080 TAMIAMI TRAIL EAST NAPLES, FL 34112				DO NOT W	A STATE OF THE PARTY OF THE PAR		
8. The above	named entity submits this statement for	the purpose of changing its re-	distered office or register	red agent, or both, in the State of F	orida. I am familiar with, and a	ccept	
	ions of registered agent.		•				
SIGNATURE.	Signature: typed or printed name of registered agent (and the if applicable (NOTE: Re	egistered Agent signature require	d when remittaing)	DATE		
	NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75				0000853978		
9.	MANAGING MEMBE	RS/MANAGERS		- 19,126	/08-80091-003_1	35 1	
NAME STREET ADDRESS CITY - ST - ZIP	MGR LAROCCA, PETER P 40 MARSHSIDE DRIVE YARMOUTHPORT, MA 02675						
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-SI-ZIP				DO NOT W	/RITE		
TITLE NAME STREET AUDRESS CITY-ST-ZIP				IN THIS S	PACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP							

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.

SIGNATURE:

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/1/08

568.509.9831