

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90024 039 ***138.75

DOCUMENT # L05000061395	
1. Entity Name HARVESTERS FINANCIAL SERVICES, LLC	

Principal Place of Business POST OFFICE BOX 526642 MIAMI, FL 33152-6642	Mailing Address POST OFFICE BOX 526642 MIAMI, FL 33152-6642
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50005312

2. Principal Place of Business - No P.O. Box # 18001 Old Cutler Road Suite 370 Palmetto Bay Florida 33157	3. Mailing Address 18001 Old Cutler Road Suite 370 Palmetto Bay Florida 33157
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04152008 Chg-LLC CR2E083 (12/06)	
4. FEI Number 20-3037075	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent	
DIAZ, JUAN ESQUIRE 5800 NORTHWEST 74TH AVENUE MIAMI, FL 33166	Name Corporate Creations Networks, Inc. Street Ad 11380 Prosperity Farms Road #221E City Palm Beach Gardens, FL 33410 Code

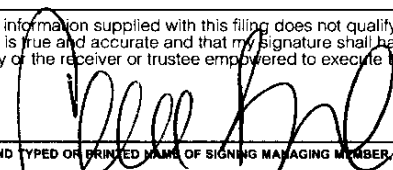
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HARVESTERS TRADING, LLC POST OFFICE BOX 526652 MIAMI, FL 331526642 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HARVESTERS Trading, LLC 18001 OLD CUTLER ROAD SUITE 370 PALMETTO BAY FL 33157 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JACKSON-UNITED PETROLEUM CORPORATION POST OFFICE BOX 526652 MIAMI, FL 331526642 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JACKSON UNITED PETROLEUM CORP 18001 OLD CUTLER ROAD SUITE 370 PALMETTO BAY FL 33157 <input checked="" 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:  **4-29-08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #