2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT #L05000108859



FILED Apr 27, 2006 8:00 am Secretary of State

1. Entity Name HARTS ROAD, LLC						04-13-200	6 90029	003 ***	·*50.00
Principal Place of Business Mailing Address 1610 SOUTH 8TH STREET 1610 SOUTH 8TH STREET FERNANDINA BEACH, FL 32034 US FERNANDINA BEACH, FL 32034 US						L BOUTH FINN FRÂN GETA O'N		II JEER OM II	iin a ad
2. Principal Pt	ace of Business	3. Mailing Address							
Suite, Apt.	f, etc.	Suite, Apt. #, etc.			02092006	Chg-LLC	CR2E08	13 (11/05)	
City & State		City & State			4. FEI Numb	25 8673	Applied For Not Applicable		
Zip	Country	Z)p	Coun	ntry	5. Certificate	of Status Desired S5.00 Additional Fee Required			
	6. Name and Address of Current F	Registered Agent		N	7. Name and	Address of New R	legistered A	gent	
MILLER, DAVID F JR				Name					
1610 SOUTH 8TH STREET FERNANDINA BEACH, FL 32034				Street Address ((P.C. Box Numb	er is Not Acceptable	B)		
				City			FL	Zip Cod	te :
8. The above the obligation	named entity submits this statement for ons of registered agent.	the purpose of changing its	register	ed office or register	red agent, or bo	th, in the State of Fix	prica. I em fa	millar with,	and accept
SIGNATURE _	Signature, typed or primate name of registerial agent a	nd site if applicable. (NOT	i: Regulera	d Agent signesure required	d when remetating)		DATE		
Filing Fee is \$50.00 Due by May 1, 2006							e check pa Departme		
MANAGING MEMBERS/MANAGERS						ADDITIONS	CHANGES		
NTLE	MGR	C Deleta	IIIL	-				Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	MILLER, DAVID F JR. 1610 SOUTH 8TH STREET FERNANDINA BEACH, FL 32034	,		E ET ADDRESS -ST-28					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MILLER, DAVID F SR. 1610 SOUTH 6TH STREET FERNANDINA BEACH, FL. 32034	☐ Ociena						Change	Addition
TITLE	TETOTOTOTO OCACITA DECICA	☐ Delete	TITLE			·		☐ Change	Addition
NAME Street address City-St-Zip		- Cum	HAM STRE	1			1	claryc	C) Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Deixie		- I		-	• •	☐ Change	Addition
HILE NAME STREET ADDRESS CITY-SI-ZIP		☐ Delete				· · · · · · · · · · · · · · · · · · ·	,	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delets .		1				Change	Addition
11. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Striutes, 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 each; that I am a managing member or manager of the limited flability company or the receiver or trustee empowered to describe this report as required by Chapter 608, Florida Statutes.									
SIGNAT	URE:	SOURCE MANAGEM MENERS, MAN	W. CO.	ALITHOREZED REPRESE	WTATIVE	4/10/06		7-67	L7