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ANNUAL REPORT				Apr 28, 2008 08:00 Secretary of Sta	
DOCUMENT # L05000123714 1. Entity Name HARWICK HOMES, LLC					Secretary of Sta
		Mailing Address 164 BAYVIEW AVENUE NAPLES, FL 34108		\$ \$40 0 0 00 0 0 1 0 0 0 1	00101 010 020 4 020 4 020 4
				03292008 No Chg-LLC	CR2E083 (12/07)
	O NOT WRITE	IN INIO SPA	AUE	4. FEI Number 84-1713260	Applied For Not Applicable
				5. Certificate of Status Desired	\$5.00 · · · ·
	6. Name and Address of Curren				o torrigo trapación de la formación de la come
	K, RICHARD K TIEW AVENUE FL 34108			DO NOT V IN THIS S	
	named entity submits this statement flons of registered agent. Signature, typed or printed name of registered agen		tered office or register		Florida. I am familiar with, and accept
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			U00000924871 05/20/08-80003-018 138.75		
9.	MANAGING MEMB	ERS/MANAGERS	The state of the s	5人也特別(JESE) 2000年	1.2.3.2.0.05m。27维·加达克·拉兹
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HARWICK HOMES CONSTRUCT 164 BAYVIEW AVE. NAPLES, FL 34108	CTION INC			
NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT V	VRITE PACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS S	PACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE					

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Flonda 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 of trustee employered to execute this report as required by Chapter 608, Florida Statutes

SIGNATURE: £

NAME STREET ADDRESS CITY-ST-ZIP

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

Date

Daytime Phone #