

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000039387

FILED
Jan 04, 2008
Secretary of State

Entity Name: HARVEST INVESTMENT GROUP, LLC

Current Principal Place of Business:

5612 BEECH STREET
ZEPHYRHILLS, FL 33542

New Principal Place of Business:

11248 MANSKER ROAD
DADE CITY, FL 33525

Current Mailing Address:

11248 MANSKET RD
DADE CITY, FL 33525

New Mailing Address:

11248 MANSKER RD
DADE CITY, FL 33525

FEI Number: 20-4865656

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RYMAN, KEVIN L
5612 BEECH STREET
ZEPHYRHILLS, FL 33542 US

Name and Address of New Registered Agent:

RYMAN, KEVIN L
11248 MANSKER ROAD
DADE CITY, FL 33525 US

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.

SIGNATURE:

01/04/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: RYMAN, KEVIN L
Address: 11248 MANSKET RD
City-St-Zip: DADE CITY, FL 33525

Title: MGR () Delete
Name: RYMAN, KERRY S
Address: 11248 MANSKET RD
City-St-Zip: DADE CITY, FL 33525

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: RYMAN, KEVIN L
Address: 11248 MANSKER RD
City-St-Zip: DADE CITY, FL 33525

Title: MGR (X) Change () Addition
Name: RYMAN, KERRY S
Address: 11248 MANSKER RD
City-St-Zip: DADE CITY, FL 33525

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: KEVIN L. RYMAN

MGR

01/04/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date