2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 08, 2007
Secretary of State

DOCUMENT# L06000044667

Entity Name: HAROLD GAINES LLC

Current Principal Place of Business:

P.O. BOX 266
FORT WALTON BEACH, FL 32549 US

New Principal Place of Business:

617 GAP CREEK DR.
FORT WALTON BEACH, FL 32547 US

Current Mailing Address:

P.O. BOX 266
FORT WALTON BEACH, FL 32549 US

New Mailing Address:

FEI Number: 59-3257398 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GAINES, HAROLD
617 GAP CREEK DR
FORT WALTON BEACH, FL 32547 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: GAINES, HAROLD
Address: P.O. BOX 266
City-St-Zip: FORT WALTON BEACH, FL 32549 US

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: HAROLD GAINES MANA 04/08/2007

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