2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L06000056031

1. Entity Name
HARLEM HOMES, LLC

Principal Place of Business	Mailing Address
1908 NW 4TH AVENUE, SUITE 112 BOCA RATON, FL 33062 US	1908 NW 4TH AVENUE, SUITE 112 BOCA RATON, FL 33062 US

DO NOT WRITE IN THIS SPACE

FILED
Jun 23, 2008 08:00 AM
Secretary of State

05292008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number	Applied For
20-8865415	Not Applicable

5. Certificate of Status Desired   ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

MICHAEL C. KLASFELD, P.A.
2424 NE 22ND STREET
POMPANO BEACH, FL 33062

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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 _____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $138.75
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

U00000953320
06/23/08-80001-016 138.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	MCKAY PROPERTIES, INC.
STREET ADDRESS	1908 NW 4TH AVENUE, SUITE 112
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _Michael Klasfeld_   May 28, 2008   954 781 8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #