2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 15, 2008
Secretary of State

DOCUMENT# L06000057200

Entity Name: ROBERT HARPER ENTERPRISES, LLC

Current Principal Place of Business:

808 HAGSTROM ROAD
PIERSON, FL 32180

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 567
ASTOR, FL 32102

New Mailing Address:

FEI Number: 20-4995897 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HARPER, JAMES R
808 HAGSTROM ROAD
PIERSON, FL 32180 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: MGRM ( ) Delete
Name: HARPER, JAMES R
Address: P.O. BOX 567
City-St-Zip: PIERSON, FL 32102

Title: MGRM ( ) Delete
Name: HARPER, RUTH L
Address: P.O. BOX 567
City-St-Zip: PIERSON, FL 32102

Title: MGRM ( ) Delete
Name: HARPER, ROBERT L
Address: P.O. BOX 567
City-St-Zip: PIERSON, FL 32102

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: HARPER, JAMES R
Address: P.O. BOX 567
City-St-Zip: ASTOR, FL 32102

Title: MGRM (X) Change ( ) Addition
Name: HARPER, RUTH L
Address: P.O. BOX 567
City-St-Zip: ASTOR, FL 32102

Title: MGRM (X) Change ( ) Addition
Name: HARPER, ROBERT L
Address: P.O. BOX 567
City-St-Zip: ASTOR, FL 32102

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: JAMES R. HARPER MGRM 07/15/2008

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