

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L06000067882**

1. Entity Name  
HARRINGTON LAND DEVELOPMENT, LLC



Principal Place of Business  
5029 FAIRCLOTH STREET  
PACE, FL 32571

Mailing Address  
5029 FAIRCLOTH STREET  
PACE, FL 32571



04072008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-4930716

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ **\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

HARRINGTON, ROBERT  
5029 FAIRCLOTH STREET  
PACE, FL 32571

**DO NOT WRITE  
IN THIS SPACE**

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**  
**After May 1, 2008 Fee will be \$538.75**

U00000898668  
04/28/08-80006-009 143.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	HARRINGTON, ROBERT
STREET ADDRESS	5029 FAIRCLOTH STREET
CITY-ST-ZIP	PACE, FL 32571
TITLE	MGRM
NAME	HARRINGTON, WILLARD
STREET ADDRESS	5029 FAIRCLOTH STREET
CITY-ST-ZIP	PACE, FL 32571
TITLE	MGRM
NAME	HARRINGTON, BETTY
STREET ADDRESS	5029 FAIRCLOTH STREET
CITY-ST-ZIP	PACE, FL 32571
TITLE	MGRM
NAME	HARRINGTON, KIM
STREET ADDRESS	5029 FAIRCLOTH STREET
CITY-ST-ZIP	PACE, FL 32571
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Kim Harrington (Kim Harrington)*

4-10-08

(850) 994-4852

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

Date

Daytime Phone #