## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Jan 12, 2007 8:00 am Secretary of State

Principal Place of Business   Saling Address   Saling Add	DOCUMENT # L06000079647  1. Entity Name HARP ELECTRICAL CONTRACTORS LLC								01-12-2007	90032 01	9 ****55	5.00
105 IACKSONVILLE, FL 32258 US IACKSONVILLE, FL 32258 US IACKSONVILLE, FL 32258 US  2. Principal Place of Business - No P.O. Box # 3. Mailing Address  Suite, Apt. #, etc. Suite 105 Suite, Apt. #, etc. Suite 105 City & State Cit	Principal Plac	Mailing Address	ng Address									
ACKSONVILLE, FL 32258 US  JACKSONVILLE, FL 32258 US  JACKSONVILLE, FL 32258 US  Suite, Apt. #, etc. Suite 105  City & State  City & State  City & State  City & State  Country  S, Certificate of Status Desired  F. Name and Address of Current Registered Agent  Name  HARP, DAVID F  A105 WHITEBARK PLANTATION DR. MIDDLEBURG, FL 32068  Title  Make check payable to  Fliing Fee is \$50.00  Make Check payable to  Florida Department of State  MARP, DAVID F  MARP, DAVID F				6510 COLUMBIA PARK DR.								
Suite   Apt #, etc.   Suite   105   Suite		E, FL 32258 US										
Suite 105  City & State  Country  C									<b> </b>			
Country   Zip   Country   Size   Size   Country   Size   Size   Country   Size   S	Suite 105			Suite 105				01042007	Chg-LLC	CR2E08	33 (12/06)	
6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  Name    Name	City & State			City & State								
HARP, DAVID F 4105 WHITEBARK PLANTATION DR. MIDDLEBURG, FL 32068  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 and site of applicable  SIGNATURE    Signature_typed or printed name of registered agent and site of applicable   (NOTE: Registered Agent signature required when rentating)   OATE	Zip Country			Zip	Country			5. Certificate	of Status Desired	×	5.00 Addi	itional
HARP, DAVID F 4105 WHITEBARK PLANTATION DR. MIDDLEBURG, FL 32068  City FL Zip Code  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 Signature, typed or privided name of registered agent and titled applicable (NOTE: Registered Agent signature required when rentating)  9. MANAGING MEMBERS/MANAGERS  10. ADDITIONS/CHANGES  INTEL MGR HARP, DAVID F  SIREET ADDRESS CITY-S1-ZIP MIDDLEBURG, FL 32068  CITY-S1-ZIP  INTLE MAME SIREET ADDRESS CITY-S1-ZIP  INTLE MAME SIRET ADDRESS CITY-S1-ZIP  CITY-S1-ZIP  INTLE MAME SIRET ADDRESS CITY-S1-ZIP  INTLE MAME SIRT ADDRESS CITY-S1-ZIP  INTLE MAME SIRT ADDRESS CITY-S1-ZIP		6. Name and Addres	ss of Current R	egistered Agent	<u></u>							
A105 WHITEBARK PLANTATION DR. MIDDLEBURG, FL 32068  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its 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 stile if applicable (NOTE Registered Agent signature required when rentature)  9. MANAGING MEMBERS/MANAGERS  10. MARK check payable to Florida Department of State  9. MANAGING MEMBERS/MANAGERS  11. MGRM  MGR  HARP, DAVID F  MMGR  HARP, DAVID F  SIREET ADDRESS  CITY-S1-ZIP  MIDDLEBURG, FL 32068  CITY-S1-ZIP  MITLE  MAKE  SIREET ADDRESS  CITY-S1-ZIP  MITLE  MCRM  MAKE  SIREET ADDRESS  CITY-S1-ZIP  MITLE  MCRM  MAKE  MAKE  SIREET ADDRESS  CITY-S1-ZIP  MITLE  MCRM  MAKE  SIREET ADDRESS  CITY-S1-ZIP  MITLE  MCRM  MAKE  MAKE  SIREET ADDRESS  CITY-S1-ZIP  MITLE  MCRM  MAKE  MAKE  MCRM  MCRM  MCRM  MCRM	HARP DA	VID F				Name						
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 stile if applicable   (NOTE: Registered Agent signature required when renatiating)   DATE	4105 WHITEBARK PLANTATION DR.					Street A	ddress (P	P.O. Box Numb	er is Not Acceptable	2)	-	
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Signature   Signat						City					Zip Code	)
SIGNATURE    Signature   System of printed name of registered agent and bitle if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE	8. The above	named entity submits thi	is statement for t	the purpose of changing its	registere	ed office or	registere	ed agent, or bo	th, in the State of Flo		amiliar with,	and accept
Filling Fee is \$50.00 .    Provided Department of Page 1 and able of applicable   (NOTE: Registered Agent signature required when reinstating)   DATE		ions of registered agent.										
9. MANAGING MEMBERS/MANAGERS  IIITLE MGR Delete HARP, DAVID F SIREET ADDRESS CITY-S1-ZIP MIDDLEBURG, FL 32068  IIITLE NAME STREET ADDRESS CITY-S1-ZIP  IITLE Delete TITLE Delete TITLE Delete TITLE Delete TITLE Delete TITLE Delete TITLE DELETE DELET	SIGNATURE	Signature, typed or printed name	of registered agent an	d title if applicable (NOT	E: Registere	d Agent signati	re required t	when reinstating)		DATE		
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STREET ADDRESS STREET ADDRESS	11 Lborobu	certify that the informatio	n supplied with t	this filing does not qualify fo	or the exe	mntions co	ontained i	in Chapter 119	. Florida Statutes. I f	urther certify	that the info	rmation

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE MANAGING MEMBER DAVID F. HARP,