


2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L07000009006	
1. Entity Name HARVEST LENDING COMPANY, LLC	

FILED
08 JUN 18 AM 10:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 600 N. THACKER AVE. SUITE D-59 KISSIMMEE, FL 34741	Mailing Address 600 N. THACKER AVE. SUITE D-59 KISSIMMEE, FL 34741
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2. Principal Place of Business - No P.O. Box # S/A	3. Mailing Address S/A
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country
Zip	Country

06172008 Chg-LLC CR2E083 (12/06)	
4. FEI Number 20-8307080	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent MOLINA, SHARON 2471 HINSDALE DRIVE KISSIMMEE, FL 34741	
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7. Name and Address of New Registered Agent Name N/A Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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	DATE

Amended AR is \$50.00	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MOLINA, SHARON 2471 HINSDALE DRIVE KISSIMMEE, FL 34741 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MOLINA, Irving E. 600 N. Thacker Ave, Suite D-59 Kissimmee, FL. 34741 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	300131507733 06/19/08--01035--022 **55.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 606, Florida Statutes.	
SIGNATURE: Sharon Molina	Date: 6/17/08 321-284-4719