2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 07, 2008
Secretary of State

DOCUMENT# L07000033867

Entity Name: HARPER SCREEN ENCLOSURES LLC

Current Principal Place of Business:

11217 RICECREEK RD
RIVERVIEW, FL 33569

New Principal Place of Business:

11216 RICECREEK RD
RIVERVIEW, FL 33569

Current Mailing Address:

11217 RICECREEK RD
RIVERVIEW, FL 33569

New Mailing Address:

11216 RICECREEK RD
RIVERVIEW, FL 33569

FEI Number: 26-0187020 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HARPER, DANIEL
11217 RICECREEK
RIVERVIEW, FL 33569 US

Name and Address of New Registered Agent:

HARPER, DANIEL
11216 RICECREEK
RIVERVIEW, FL 33569 US

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: DAN HARPER 03/07/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: HARPER, DANIEL
Address: 11217 RICECREEK RD
City-St-Zip: RIVERVIEW, FL 33569

Title: MGRM ( ) Delete
Name: HARPER, SUSAN
Address: 11217 RICECREEK RD
City-St-Zip: RIVERVIEW, FL 33569

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: HARPER, DANIEL
Address: 11216 RICECREEK RD
City-St-Zip: RIVERVIEW, FL 33569

Title: MGRM (X) Change ( ) Addition
Name: HARPER, SUSAN
Address: 11216 RICECREEK RD
City-St-Zip: RIVERVIEW, FL 33569

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: SUSAN HARPER MGMR 03/07/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date