2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 09, 2008
Secretary of State

DOCUMENT# L07000103573

Entity Name: HARMONY HEIGHTS COMMUNITIES, LLC

Current Principal Place of Business:

1330 CHARLESTOWN ROAD
PHOENIXVILLE, PA 19460

New Principal Place of Business:

Current Mailing Address:

1330 CHARLESTOWN ROAD
PHOENIXVILLE, PA 19460

New Mailing Address:

FEI Number: 26-1374335 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MUNROE, W. BRADLEY
239 EAST VIRGINIA STREET
TALLAHASSEE, FL 32301 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: MGR ( ) Delete
Name: ARSENICH, MARGARET A
Address: P.O. BOX 87
City-St-Zip: BIRCHRUNVILLE, PA 19421

Title: MGR ( ) Delete
Name: FLFER, ANDREW P
Address: 153 MARY HILL ROAD
City-St-Zip: PHOENIXVILLE, PA 19460

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change ( ) Addition
Name: FIFER, ANDREW P
Address: 153 MARY HILL ROAD
City-St-Zip: PHOENIXVILLE, PA 19460

Title: MGR ( ) Change (X) Addition
Name: KATHARINE, HEESS M
Address: 10 DUNCAN LANE
City-St-Zip: LINCOLN UNIVERSITY, PA 19352

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: MARGARET ARSENICH MGR 01/09/2008

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