## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000038351

Name:

Address:

City-St-Zip:

55 NE 5TH AVE, STE 200

DELRAY BEACH, FL 33483

Entity Name: HARVEST HOME FUND, LLC

FILED Mar 02, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 55 NE 5TH AVE STE 200 DELRAY BEACH, FL 33483 **New Mailing Address: Current Mailing Address:** 55 NE 5TH AVE STE 200 DELRAY BEACH, FL 33483 FEI Number: 26-1558874 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: EVASIUS, JOHN R 55 NE 5TH AVE STE 200 DELRAY BEACH, FL 33483 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Change () Addition MGR () Delete EVASIUS, JOHN R Name: Name: 55 NE 5TH AVE, STE 200 Address: Address: City-St-Zip: DELRAY BEACH, FL 33483 City-St-Zip: Title: MGR () Delete Title: MGR (X) Change ( ) Addition Name: RABINOWITZ, EVAN J Name: GINSBERG, JONATHAN D Address: 55 NE 5TH AVE. STE 200 Address: 55 NE 5TH AVE. STE 200 City-St-Zip: DELRAY BEACH, FL 33483 City-St-Zip: DELRAY BEACH, FL 33483 Title: MGR ( ) Delete Title: MGR (X) Change ( ) Addition GINSBERG, JONATHAN D BRYAN, JULIAN T Name: Name: 55 NE 5TH AVE, STE 200 55 NE 5TH AVE, STE 200 Address: Address: City-St-Zip: DELRAY BEACH, FL 33483 City-St-Zip: DELRAY BEACH, FL 33483 Title: MGR (X) Delete Title: () Change () Addition BRYAN, JULIAN T

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.

Name:

Address:

City-St-Zip:

SIGNATURE: JONATHAN D GINSBERG 03/02/2009