

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L 95000000481

1. Entity Name

HARALD PROPERTY HOLDING COMPANY L.C.

FILED

Apr 24 2000 8:00 am
Secretary of State

Principal Place of Business

HARALD PROPERTY HOLDING L.C.
3910 S.E. 20TH PLACE
CAPE CORAL, FL 33904

Mailing Address

d.t.o.

2. Principal Place of Business

1144 LINCOLN CT

3. Mailing Address

1144 LINCOLN CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CAPE CORAL, FLORIDA

City & State

CAPE CORAL, FLORIDA

4. FEI Number

65-0495062

Applied For

Not Applicable

Zip

33904

Country

USA

Zip

33904

Country

USA

5. Certificate of Status Desired ☒

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SEEMANN ERNEST A.
4723 DEL PRADO BLVD
CAPE CORAL, FL 33904

7. Name and Address of New Registered Agent

Name HARALD ROHLEDER

Street Address (P.O. Box Number is Not Acceptable)

1144 LINCOLN CT

City CAPE CORAL

FL

Zip Code 33904

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.

SIGNATURE

Harald Rohleder

HARALD ROHLEDER

04-15-00

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE	MGRH	<input type="checkbox"/> Delete
NAME	ROHLEDER HARALD W.	
STREET ADDRESS	KIRCHINGER STRASSE 21	
CITY-ST-ZIP	DIESSEN A.A., GERMANY 86911	
TITLE	MGRH	<input type="checkbox"/> Delete
NAME	ROHLEDER MONIKA	
STREET ADDRESS	KIRCHINGER STRASSE 21	
CITY-ST-ZIP	DIESSEN A.A., GERMANY 86911	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	MGRH	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROHLEDER HARALD W. DR.	
STREET ADDRESS	1144 LINCOLN CT	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	MGRH	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROHLEDER MONIKA	
STREET ADDRESS	1144 LINCOLN CT	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

04-15-00

941-945 7523

Date

Daytime Phone #

CR2E083 (11/99)