


2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90042 027 ****50.00

DOCUMENT # L96000001119
1. Entity Name
FARRELL & HARPER LC



Principal Place of Business
**316 21ST AVENUE NE
ST. PETERSBURG, FL**

Mailing Address
**316 21ST AVENUE NE
ST. PETERSBURG, FL**

DO NOT WRITE IN THIS SPACE



03262005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3416511	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
**HARPER, LINDA S
316 21ST AVENUE NE
ST. PETERSBURG, FL**

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FARRELL, KATHLEEN L 316 21ST AVE. NE ST. PETERSBURG, FL 33704
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HARPER, LINDA S 316 21ST AVENUE NE ST. PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Linda S. Harper* 04/12/05 727-822-1015
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #