

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 18, 2005 08:00 AM
Secretary of State

DOCUMENT # L98000001879

1. Entity Name
HARPER FLYNN COMPANY, L.L.C.



Principal Place of Business
**4621 HOLLYWOOD BLVD.
HOLLYWOOD, FL 33021**

Mailing Address
**4621 HOLLYWOOD BLVD.
HOLLYWOOD, FL 33021**



07132005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0865775

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MAXWELL FLYNN, FRANCIS
4621 HOLLYWOOD BLVD.
HOLLYWOOD, FL 33021**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstalling)

DATE _____

**Filing Fee is \$50.00
Due by September 7, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	MAXWELL FLYNN, FRANCIS
STREET ADDRESS	4621 HOLLYWOOD BLVD.
CITY- ST- ZIP	HOLLYWOOD, FL 33021
TITLE	PARTNER
NAME	HARPER, GA
STREET ADDRESS	136 E. 56 AVE, 4A
CITY- ST- ZIP	NEW YORK, NY 10022
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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07/18/05-80007-020 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 SIGNED MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

7-14-05 954-981-7740

Date

Daytime Phone #