

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90119 023 \*\*\*\*55.00

**DOCUMENT # L99000001505**

1. Entity Name  
**HARCLAND HOLDING GP LLC**



Principal Place of Business  
**C/O GOODMAN PROPERTIES, INC.  
777 SOUTH FLAGLER DRIVE, SUITE 1101E  
WEST PALM BEACH, FL 33401**

Mailing Address  
**C/O GOODMAN PROPERTIES, INC.  
777 SOUTH FLAGLER DRIVE, SUITE 1101E  
WEST PALM BEACH, FL 33401**

**24062928**



02032004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
**Not Applicable**

5. Certificate of Status Desired ☒ **\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**SHEWALTER, WILLIAM  
C/O GOODMAN PROPERTIES, INC.  
777 SOUTH FLAGLER DRIVE, SUITE 1104  
WEST PALM BEACH, FL 33401**

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

**Filing Fee is \$50.00  
Due by May 1, 2004**

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGR  
NAME GOODMAN PROPERTIES, INC.  
STREET ADDRESS 777 SOUTH FLAGLER DRIVE, SUITE 1104  
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE M  
NAME GOODMAN, MURRAY H  
STREET ADDRESS 777 SOUTH FLAGLER DRIVE, SUITE 1101E  
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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)(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:** *William A. Shewalter*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

*4/30/04*  
Date

561-833-3777  
Daytime Phone #

**William A. Shewalter, Vice President**