## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

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

## FILED May 08, 2006 8:00 am Secretary of State

05-08-2006 90040 027 \*\*\*\*55.00

40088774



04202006 No Chg-LLC

CR2E083 (11/05)

Fee Required

4. FEI Number		Applied For
NOT APPLICABLE		Not Applicable
5. Certificate of Status Desired	×	D Additional

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

	named entity submits this statement for the purpose of char tions of registered agent.	nging its registered office or registered a	gent, or both, in the State of Flo	orida. I am familiar w	ith, and accept
SIGNATURE.	<u> </u>	<b>-</b>			
	Signature, typed or printed name of registered agent and title if applicable,	(NOTE: Registered Agent signature required when	reinstating)	DATE	
Fi D	iling Fee is \$50.00 ue by May 1, 2006				
9.	MANAGING MEMBERS/MANAGERS			<del></del>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GOODMAN PROPERTIES, INC. 777 SOUTH FLAGLER DRIVE, SUITE 1104 WEST PALM BEACH, FL 33401		on and the second		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M GOODMAN, MURRAY H 777 SOUTH FLAGLER DRIVE, SUITE 1101E WEST PALM BEACH, FL 33401				
TITLE NAME STREET ADDRESS CITY-SY-ZIP			DO NOT W	'RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SE	PACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				lel	
TITLE .					

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

Goodman Properties Inc., manager

SIGNATURE: Ap SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

NAME STREET ADORESS CITY-ST-ZIP

April 27, 2006

561-833-3777

Dale

Daytime Phone #