## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 12, 2002 8:00 am Secretary of State DOCUMENT # L9900001794 1. Entity Name 05-12-2002 90592 039 \*\*\*\*55.00 HARA AND AGAPI FAMILY PROPERTIES, L.L.G. Principal Place of Business Mailing Address 1334 JOHN-RINGLING PARKWAY P.O. BOX 2035 958010 SARASOTA FL 34236 WESTMONT IL 60561 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0907922 Not Applicable Zip Country Zin. Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HARALAMPOPOULOS, HARRY A Street Address (P.O. Box Number is Not Acceptable) 1334 JOHN RINGLING PARKWAY SARASOTA FL 34236 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGR TITLE ☐ Delete TITLE CR2E083 (9/01) ☐ Change ☐ Addition HARALAMPOPOULOS, HARRY A NAME NAME STREET ADDRESS 1334 JOHN RINGLING PARKWAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34236 TITLE ☐ Delete TITLE ☐ Change Addition HARALAMPOPOULOS, ALEXANDRA NAME STREET ADDRESS 1334 JOHN RINGLING PARKWAY STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP SARASOTA FL 34236 TITLE ☐ Delete — TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIF

FILED