


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 15, 2004 8:00 am**  
**Secretary of State**

04-15-2004 90113 038 \*\*\*\*50.00

**DOCUMENT # L99000001794**

1. Entity Name  
**HARA AND AGAPI FAMILY PROPERTIES, L.L.C.**



Principal Place of Business  
**1334 JOHN RINGLING PARKWAY  
 SARASOTA, FL 34236**

Mailing Address  
**P.O. BOX 2035  
 WESTMONT, IL 60561**

2. Principal Place of Business  
**4235 West 95th Street**

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
**Oaklawn, IL**

City & State  
 Suite, Apt. #, etc.

Zip **60453** Country



03222004 Chg-LLC CR2E083 (10/03)

4. FEI Number  
**65-0907922**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**HARALAMPOPOULOS, HARRY A  
 1334 JOHN RINGLING PARKWAY  
 SARASOTA, FL 34236**

7. Name and Address of New Registered Agent  
 Name  
**Doerr, Kenneth D.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**240 S. Pineapple Ave., 10th Floor**  
 City **Sarasota** **FL** Zip Code **34236**

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 *Kenneth D. Doerr* DATE **03/22/04**

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, 2004**

**Make check payable to Florida Department of State**

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HARALAMPOPOULOS, HARRY A 1334 JOHN RINGLING PARKWAY SARASOTA, FL 34236 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4235 West 95th Street Oaklawn, IL 60453
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HARALAMPOPOULOS, ALEXANDRA 1334 JOHN RINGLING PARKWAY SARASOTA, FL 34236 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4235 West 95th Street Oaklawn, IL 60453
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *Luz A. Vasquez* DATE **4-10-04** DAYTIME PHONE # **(630) 970-0992**

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