


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 08, 2005 08:00 AM
Secretary of State

DOCUMENT # L99005001794

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



Principal Place of Business Mailing Address

4235 WEST 95TH STREET **P.O. BOX 2035**
OAK LAWN, IL 60453 **WESTMONT, IL 60561**

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03012005No Chg-LLC CR2E083 (10/03)

4. FEI Number Applied For
65-0907922 Not Applicable

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

6. Name and Address of Current Registered Agent

DOERR, KENNETH D
240 S PINEAPPLE AVE 10TH FLOOR
SARASOTA, FL 34236

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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 _____ DATE _____
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, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HARALAMPOPOULOS, HARRY A 4235 WEST 95TH STREET OAK LAWN, IL 60453
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HARALAMPOPOULOS, ALEXANDRA 4235 WEST 95TH STREET OAK LAWN, IL 60453
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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: *Harry A. Haralampo* 3-3-05 (630) 920-0992

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #