


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2008 08:00 A.
Secretary of State


DOCUMENT # L99000001794
 1. Entity Name
 HARA AND AGAPI FAMILY PROPERTIES, L.L.C.



Principal Place of Business
 4235 WEST 95TH STREET
 OAK LAWN, IL 60453

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

DO NOT WRITE IN THIS SPACE



04152008No Chg-LLC CR2E083 (12/07)

| | |
|----------------------------------------------------------------------|---------------------------------------|
| 4. FEI Number 65-0907922 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$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

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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

000000907922
 05/05/08-80033-011 143.75

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 |
| 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 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.

SIGNATURE: *Harry A. Haralampooulos* 4-15-08 (630) 920-0992
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #