

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90178 002 ****55.00

0071993

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0907922**

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HARALAMPOPOULOS, HARRY A
1334 JOHN RINGLING PARKWAY
SARASOTA FL 34236**

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City _____ **FL** 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	MGR	<input type="checkbox"/> Delete
NAME	HARALAMPOPOULOS, HARRY A	
STREET ADDRESS	1334 JOHN RINGLING PARKWAY	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	HARALAMPOPOULOS, ALEXANDRA	
STREET ADDRESS	1334 JOHN RINGLING PARKWAY	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE		<input type="checkbox"/> Delete
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		

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: *Harry A. Haralampopoulos* **SIGNATURE REQUIRED** **Harry A. Haralampopoulos** **4-15-03** **630-248-3196**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)