


FILED
Apr 29, 2004 8:00 am
Secretary of State

24059687

DOCUMENT # M03000001633				04-29-2004 90075 014 ****50.00	
1. Entity Name HARBIN KEYSTONE CROSSING PROPERTIES, LLC					
Principal Place of Business 823 N. ELM STREET, #200 GREENSBORO, NC 27401-1539		Mailing Address 823 N. ELM STREET, #200 GREENSBORO, NC 27401-1539			
2. Principal Place of Business		3. Mailing Address		24059687	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04212004 Chg-LLC CR2E083 (10/03)	
City & State		City & State		4. FEI Number 04212004	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent STEVEN D. BELL & COMPANY LE CLUB @ SAGA BAY/ ATTN: SILVIA HERNANDEZ 8630 SW 212TH STREET MIAMI, FL 33189				7. Name and Address of New Registered Agent	
				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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 HARBIN, THOMAS S JR. 823 N. ELM STREET, #200 GREENSBORO, NC 274011539	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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: Steven D. Bell		Date: 4-28-04		Daytime Phone #: 336-272-7196	