2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 19, 2005 8:00 am Secretary of State

DOCUMENT # M0300002896 1: Entity Name J.H. HARVEY CO., LLC						04-19-2005	90031 01	0 ****50	0.00
Principal Place	e of Business	Mailing Address				วักดัง	กลังไ		
727 SOUTH DAVIS ST. PO BOX 646 NASHVILLE, GA 31639 NASHVILLE, GA 31639			- · I			4000	A JUA		
, , , , , , , , , , , , , , , , , , , ,						IN IN ANTON MENTAL PROPERTY AND			
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04122005	Chg-LLC	CR2E08	33 (10/03)		
City & State		City & State		4. FEI Number 05-0582			<u> </u>	plied For Applicable	
Zip Country		Zip	ip Country			of Status Desired		\$5.00 Add Fee Required	tional
<u>.</u>	^6. Name and Address of Current F	 Registered Agent		- , جرد ستعا	7. Name and	Address of New R			,
				Name					
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525				Street Addres	ss (P.O. Box Number is Not Acceptable)				
	•								
		C		City			FL	Zip Code)
	named entity submits this statement for ions of registered agent.	the purpose of changing its	registere	ed office or regis	tered agent, or both	n, in the State of Flo	orida. I am f	amiliar with,	and accept
SIGNATURE.	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTI	E: Registere	d Agent signature requ	red when reinstating)		DATE		
`, D(ling Fee is \$50.00 ue by May 1, 2005			٠.	***************************************	Florida	e check pa Departme		
	MANAGING MEMBE		10.			ADDITIONS	/CHANGES		
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	DIXON, R. GLENN JR	L_I Delete	TITLE		•			☐ Change	☐ Addition
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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 giver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. Figer C. Keeffe, Comptroller & Asst.Sec. 4-13-2005

Daytime Phone #

229-686-7654