

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 17, 2006 8:00 am
Secretary of State

07-17-2006 90044 028 ****55.00

DOCUMENT # M05000003534

1. Entity Name
HARROW INVESTMENTS, LLC



Principal Place of Business
**2 JADE COVE
CORONA DEL MAR, CA 92625**

Mailing Address
**2 JADE COVE
CORONA DEL MAR, CA 92625**

20049323



2. Principal Place of Business
**3535 E. COAST HWY
Suite, Apt. #, etc. #358**

3. Mailing Address
**3535 E. COAST HWY
Suite, Apt. #, etc. #358**

07112006 Chg-LLC CR2E083 (11/05)

City & State
CORONA DEL MAR, CA
Zip
92625 Country
USA

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CORONA DEL MAR, CA
Zip
92625 Country
USA

4. FEI Number
20-3037244 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**EASTMAN, DAVID D ESQ.
2155 DELTA BLVD., SUITE 210B
TALLAHASSEE, FL 32303**

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

James D. Jennett
Signature typed or printed name of registered agent and title if applicable.

MGR James D. Jennett
(NOTE: Registered Agent signature required when reinstating)

DATE

7/11/06

**Filing Fee is \$50.00
Due by September 6, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
CONTINENTAL APARTMENTS, LTD.
2 JADE COVE
CORONA DEL MAR, CA 92625** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition
**3535 E. COAST HWY #358
CORONA DEL MAR, CA 92625**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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NAME
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CITY-ST-ZIP ☐ Change ☐ Addition

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: *James D. Jennett* *MGR James D. Jennett* *7/11/06* *949* *833-9456*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #