


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # M07000001209 1. Entity Name HARPER CONSTRUCTION, LLC	
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Principal Place of Business 616 NORTHVIEW STREET PADUCAH, KY 42002-7605	Mailing Address P.O. BOX 7605 PADUCAH, KY 42002-7605
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DO NOT WRITE IN THIS SPACE



03112008No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-5542773	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, SUITE 4
WESTON, FL 33331

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 _____ (NOTE: Registered Agent signature required when reinstating)

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

05/14/08-80055-022 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	BLANKENSHIP, ALLEN
STREET ADDRESS	616 NORTHVIEW STREET
CITY-ST-ZIP	PADUCAH, KY 420027605
TITLE	MGR
NAME	DEVORE, ROD
STREET ADDRESS	616 NORTHVIEW STREET
CITY-ST-ZIP	PADUCAH, KY 420027605
TITLE	MGR
NAME	KEY, KELLY
STREET ADDRESS	616 NORTHVIEW STREET
CITY-ST-ZIP	PADUCAH, KY 420027605
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Kelly Key Kelly Key 4-15-08 270-538-7500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #