2005 LIMITED LIABILITY COMPANY

ANNUAL REPORT				Jan 13, 2005 08:		
DOCU 1. Entity Nam HAR, LLC		0 [®] 162		Secretary of S	State	
11755 WILSHIRE BLVD., STE. 900 1		Mailing Address 11755 WILSHIRE BLVD., ST LOS ANGELES, CA 90025	E. 900		· MI - FT I - COOM I	
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DECUBELLIS & MEEKS, P.A. DANIEL L. DECUBELLIS SUITE E 837 N. GARLAND AVE. ORLANDO, FL 32801				DO NOT WRITE IN THIS SPACE		
	tions of registered agent.		stered office or register	red agent, or both, in the State of Florida. I am familiar with, and description of the state of Florida. I am familiar with, and description of the state of Florida. I am familiar with, and description of the state of Florida. I am familiar with, and description of the state of Florida. I am familiar with, and description of the state of Florida. I am familiar with, and description of the state of Florida. I am familiar with, and description of the state of Florida. I am familiar with, and description of the state of Florida. I am familiar with, and description of the state of Florida. I am familiar with, and description of the state of Florida.	nd accept	
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9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEN MGRM BOOKSTEIN, HARVEY A 11755 WILSHIRE BLVD., STE LOS ANGELES, CA 90025	BERS/MANAGERS		000000180163 01/13/05-80048-012 58.	.00	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			_	DO NOT WRITE		
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE				IN THIS SPACE		
NAME 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 accordate 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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

310-478-414

Daytime Phone #