2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000083274

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

() Delete

FILED Jan 13, 2005 Secretary of State

Entity Nan	1e: HARPER All	KEN PARTNERS, INC.			•		
Current Principal Place of Business:			New Princ	New Principal Place of Business:			
SUITE 800	MBRA CIRCLE NBLES, FL 33134	I US					
Current Mailing Address:			New Mailii	New Mailing Address:			
SUITE 800	MBRA CIRCLE NBLES, FL 33134	I US					
FEI Number:	65-0455802 i	FEI Number Applied For()	FEI Number Not Appli	icable ()	Certificate of Status Desired (X)		
Name and	Address of Cur	rent Registered Agent:	Name and	Name and Address of New Registered Agent:			
SUITE 800 CORAL GA The above	MBRA CIRCLE MBLES, FL 33134 named entity sub		pose of changing it	s registered	office or registered agent, or botl	h,	
in the State	of Florida.						
SIGNATUR	Electronic	Signature of Registered Agent ust Fund Contribution ().	:		Date	_	
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PTD () De HARPER, DAVID M 201 ALHAMBRA CI CORAL GABLES, F	IICHAE, L FAIA RCLE SUITE 800	Title: Name: Address: City-St-Zip:	HARPER, DA	X) Change()Addition VID M RA CIRCLE SUITE 800 .ES, FL 33134		
Title: Name: Address: City-St-Zip:	S () De DONAHUE, KEVIN 201 ALHAMBRA CI CORAL GABLES, F	P RCLE SUITE 800	Title: Name: Address: City-St-Zip:	AIKEN, STEW 201 ALHAMB	X) Change ()Addition /ART RA CIRCLE SUITE 800 .ES, FL 33134		
Title:	() De	lete	Title:	EVPS () Change (X) Addition		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

DONAHUE, KEVIN

AIKEN, RICHARD

EVP

201 ALHAMBRA CIRCLE SUITE 800

201 ALHAMBRA CIRCLE SUITE 800

CORAL GABLES, FL 33134

() Change (X) Addition

CORAL GABLES, FL 33134 US

SIGNATURE: DAVID MICHAEL HARPER CEO 01/13/2005