


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90098 001 ***450.00

DOCUMENT # L02000025141

1. Entity Name
HARRY'S OF AMERICA, LLC



Principal Place of Business
**1056 NORTH THIRD STREET
 JACKSONVILLE BEACH, FL 32250**

Mailing Address
**1056 NORTH THIRD STREET
 JACKSONVILLE BEACH, FL 32250**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country



04262006 Chg-LLC CR2E083 (11/05)

6. Name and Address of Current Registered Agent

**F&L CORP
 ONE INDEPENDENT DRIVE
 SUITE 1300
 JACKSONVILLE, FL 32202**

4. FEI Number
22-3875356

Applied For
 Not Applicable

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
 Due by May 1, 2006**

Make check payable to
Florida Department of State

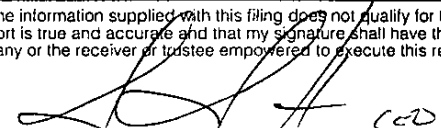
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SAIG, LOUIS 1056 N. 3RD ST. JACKSONVILLE BEACH, FL 32250	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SAIG, GREG 1056 N. 3RD ST. JACKSONVILLE BEACH, FL 32250	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCHEEL, WILLIAM 1056 N. 3RD ST. JACKSONVILLE BEACH, FL 32250	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KOEGLER, STEVE 995 GATE PARKWAY N., SUITE 400 JACKSONVILLE, FL 32246	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHATTIN, WILLIAM 9995 GATE PARKWAY N., SUITE 400 JACKSONVILLE, FL 32246	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	See next page.	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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:  **Jeff Jabot** 4/26/06 (904)247-1510
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

ATTACHMENT

30006578

LO2000025141

Additional Managing Members/Managers

Add

Title: Pres
Name: Jabot, Jeffrey
Street Address: 1056 N. 3rd Street
City-State-Zip: Jacksonville Beach, FL 32250

Add

Title: V.P.
Name: Jabot, Jesse
Street Address: 1056 N. 3rd Street
City-State-Zip: Jacksonville Beach, FL 32250