


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90065 019 \*\*\*\*50.00

<b>DOCUMENT # L02000025141</b>					
<b>1. Entity Name</b> HARRY'S OF AMERICA, LLC					
<b>Principal Place of Business</b> 1056 NORTH THIRD STREET JACKSONVILLE BEACH, FL 32250			<b>Mailing Address</b> 1056 NORTH THIRD STREET JACKSONVILLE BEACH, FL 32250		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04192007    Chg-LLC    CR2E083 (12/06)	
Zip		Country		<b>4. FEI Number</b> 22-3875356	
City & State		City & State		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
F&L CORP ONE INDEPENDENT DRIVE SUITE 1300 JACKSONVILLE, FL 32202			Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS / MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> MGR <b>NAME</b> SAIG, LOUIS <b>STREET ADDRESS</b> 1056 N. 3RD ST. <b>CITY-ST-ZIP</b> JACKSONVILLE BEACH, FL 32250	<input type="checkbox"/> Delete		<b>TITLE</b> MGR <b>NAME</b> Lisa Kavalieros <b>STREET ADDRESS</b> 9995 Gate Parkway North, Ste 400 <b>CITY-ST-ZIP</b> Jacksonville, FL 32246	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> MGR <b>NAME</b> SAIG, GREG <b>STREET ADDRESS</b> 1056 N. 3RD ST. <b>CITY-ST-ZIP</b> JACKSONVILLE BEACH, FL 32250	<input type="checkbox"/> Delete		<b>TITLE</b> P <b>NAME</b> JEFF JABOT <b>STREET ADDRESS</b> 1056 N. 3rd St. <b>CITY-ST-ZIP</b> Jacksonville Beach, FL 32250	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> MGR <b>NAME</b> SCHEEL, WILLIAM <b>STREET ADDRESS</b> 1056 N. 3RD ST. <b>CITY-ST-ZIP</b> JACKSONVILLE BEACH, FL 32250	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> MGR <b>NAME</b> KOEGLER, STEVE <b>STREET ADDRESS</b> 995 GATE PARKWAY N., SUITE 400 <b>CITY-ST-ZIP</b> JACKSONVILLE, FL 32246	<input checked="" type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> MGR <b>NAME</b> CHATTIN, WILLIAM <b>STREET ADDRESS</b> 9995 GATE PARKWAY N., SUITE 400 <b>CITY-ST-ZIP</b> JACKSONVILLE, FL 32246	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VP <b>NAME</b> JABOT, JESSE <b>STREET ADDRESS</b> 1056 NORTH 3RD ST <b>CITY-ST-ZIP</b> JACKSONVILLE BEACH, FL 32250	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> _____			4-25-07    804    247-1510		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date    Daytime Phone #		