


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 26, 2008 8:00 am**  
**Secretary of State**

03-26-2008 90114 036 \*\*\*138.75

|  |   |
|--|---|
| DOCUMENT # L03000047727                |  |
| 1. Entity Name<br>J.C. HARRIS CO., LLC |   |

|   |   |
|---|---|
| Principal Place of Business<br>335 CLEMATIS STREET<br>WEST PALM BEACH, FL 33401 | Mailing Address<br>335 CLEMATIS STREET<br>WEST PALM BEACH, FL 33401 |
|---|---|

|   |   |
|---|---|
| 2. Principal Place of Business - No P.O. Box #<br><b>333 Clematis St.</b> | 3. Mailing Address<br><b>333 Clematis St.</b> |
| Suite, Apt. #, etc.   | Suite, Apt. #, etc.                           |

|  |  |
|--|--|
| City & State<br><b>West Palm Beach</b> | City & State<br><b>WEST PALM BEACH</b> |
| Zip<br><b>33401</b>                    | Zip<br><b>33401</b>                    |
| Country<br><b>USA</b>                  | Country<br><b>USA</b>                  |

03212008 Chg-LLC CR2E083 (12/06)

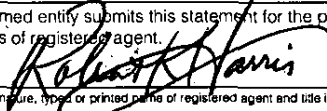
4. FEI Number  
**61-1460527**

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



|  |   |
|--|---|
| 6. Name and Address of Current Registered Agent<br><b>HARRIS, ROBERT R</b><br><b>335 CLEMATIS STREET</b><br><b>WEST PALM BEACH, FL 33401</b> | 7. Name and Address of New Registered Agent<br>Name<br><b>Harris Robert R.</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>333 Clematis St.</b><br>City<br><b>West Palm Beach</b> FL Zip Code<br><b>33401</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.

SIGNATURE  DATE \_\_\_\_\_

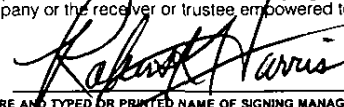
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

**Make check payable to**  
**Florida Department of State**

| 9. MANAGING MEMBERS/MANAGERS                   |  | 10. ADDITIONS/CHANGES                          |   |
|--|--|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>HARRIS, ROBERT K<br>335 CLEMATIS STREET<br>WEST PALM BEACH, FL 33401 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>333 Clematis St.</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>HARRIS, ROBERT R<br>335 CLEMATIS STREET<br>WEST PALM BEACH, FL 33401 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>333 Clematis St.</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input 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:  DATE \_\_\_\_\_ DAYTIME PHONE # \_\_\_\_\_

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