

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # M99000000170	
1. Entity Name LINCOLN HARRIS LLC	

2946



Principal Place of Business 1505 FEDERAL ST. DALLAS TX 75201	Mailing Address PO BOX 1920 DALLAS TX 75221
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E083 (10/07)

4. FEI Number 75-2800507	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324

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 _____ (NOTE: Registered Agent's signature required when reappointing) DATE _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State	U000000920236 05/14/08-80037-024 138.75
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DUVALL, WILLIAM C 3601 MAPLEWOOD DALLAS TX 75205 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HARRIS, JOHN W 2700 RICHARDSON DRIVE CHARLOTTE NC 28211 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MACNEIL, WILLIAM A 2027 CONISTON PLACE CHARLOTTE NC 28207 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STEEN, RONALD K 18012 RIVER FORD DRIVE DAVIDSON NC 28036 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COURTWRIGHT, GREGORY S 6957 LAKESHORE DRIVE DALLAS TX 75214 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THE HARRIS GROUP OF CAROLINAS, INC. 4201 CONGRESS STREET, STE. 175 CHARLOTTE NC 28209 ☐ Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Leigh Ann Everett Leigh Ann Everett, Assistant Secretary 4-21-08 214-740-4440