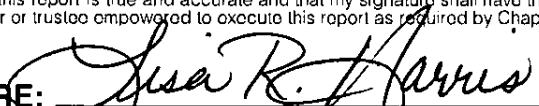


**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2007**

FILED
Feb 23, 2007 08:00 AM
Secretary of State

DOCUMENT # A00000000414 1. Entity Name LISA ANN ROHDE HARRIS, LTD.			
Principal Place of Business 3554 FRIARS COVE ROAD ST. CLOUD FL 34772		Mailing Address 3554 FRIARS COVE ROAD ST. CLOUD FL 34772	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc City & State Zip Country		3. Mailing Address Suite, Apt. #, etc City & State Zip Country	
6. Name and Address of Current Registered Agent LOWMAN, WILLIAM R JR. 1000 LEGION PLACE, SUITE 1700 ORLANDO FL 32801		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.			
FILE NOW!!! Fee is \$500. *** After May 1, 2007, fee will be \$900. *** Make check payable to Florida Department of State.			
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.			
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY- ST- ZIP	P03000128842 LISA ANN ROHDE HARRIS, INC. 3554 FRIARS COVE ROAD ST. CLOUD FL 34772	STREET ADDRESS CITY- ST- ZIP	
DOCUMENT # NAME STREET ADDRESS CITY- ST- ZIP		STREET ADDRESS CITY- ST- ZIP	1000000646540 03/06/07-80036-010 500.00
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14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes			
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		2/21/07 407-892-7135 Date Daytime Phone #	



1st MOORE CR2E003 (10/06)

4. FEI Number **80-0029353** Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

STAPLE CHECK HERE