LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L0100008778

1. Entity Name



FILED Mar 03, 2003 8:00 am Secretary of State

HARRIS	ON RANCH, LLC				03-03-2003 90010	7001 - 30.00
	DO NOT WRITI		SPACE			
2. Principal Place of Business		3. Mailing Address				
35100 STATE ROAD 64 EAST Suite, Apt. #, etc.		35100 STATE	ROAD 64	EAST		
Suite, Ap	. #, 810.	Suite, Apt. #, etc.		•	DO NOT WRITE IN T	HIS SPACE
City & State		City & State	City & State		4. FEI Number	Applied For
MYAKKA CITY, FL		MYAKKA CITY, FL			T. F. C. Hallings	X Not Applicable
Zip	Country	Zip	Zip Country		5. Certificate of Status Desired	\$5.00 Additional
34251	U.S.A.	34251	U.S.A.			Fee Required
				lame» =	7. Name and Address of Current Regist	ered Agent
DO NOT WALTERS & VOGLER, P.A.						
# 1-2-0-4		THE SHARE THE THE ACT AND A SECOND STREET	S	treet Address (F	CO. Box-Number is Not-Acceptable) —	_
IN THIS SPACE						
:					TREET WEST	
			C	BRADENT	ю по	Zip Code
8. The above	e named entity submits this statement f	or the purpose of changing	its registered o	ffice or registere	ed agent, or both, in the State of Florida. I a	m familiar with, and accept
the obliga	itions of registered agent.				-	
SIGNATURE	•	•			•	•
	Signature, typed or printed name of registered agen	and title if applicable.			DA	E
			FEE IS \$5			
		Make Check Pay			t of State	
			DUE BY M	AY 1		
9.	MANAGING MEMB	ERS/MANAGERS	alateon de hadi	radio de la regione de la regiona de la r La regiona de la regiona d		
TITLE NAME	MGPM		mile			
STREET ADDRESS	JOHN FALKNER		NAME Street ad	norec		
CITY-ST-ZIP	35100 STATE ROAD 64		CITY-ST-Z			
TITLE	MYAKKA CITY, FL 342		TITLE			
NAME			NAME			
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CITY-ST-ZIP			STREET ADD CITY-ST-ZI			
			2000年11日			

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 of the receiver of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE AND TOPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER