

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000019543

Entity Name: H3, L.L.C.

FILED  
Apr 22, 2004  
Secretary of State

## Current Principal Place of Business:

2014 WEST BEAVER STREET  
JACKSONVILLE, FL 32255

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 551260  
JACKSONVILLE, FL 32255

## New Mailing Address:

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SCHNEIDER, MICHAEL N  
5150 BELFORT ROAD  
BUILDING 100  
JACKSONVILLE, FL 32256

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete  
Name: HARRIS, FORREST J  
Address: 2014 WEST BEAVER STREET  
City-St-Zip: JACKSONVILLE, FL 32255

Title: MGR ( ) Delete  
Name: HARRIS, SCOTT J  
Address: 1534 LORIMIER RD.  
City-St-Zip: JACKSONVILLE, FL 32207

Title: MGR ( ) Delete  
Name: HARRIS, FORREST  
Address: 8833 PERIMETER PARK BLVD., SUITE 1104  
City-St-Zip: JACKSONVILLE, FL 32216

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: FORREST HARRIS

MGRM

04/22/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date