


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 22, 2007 8:00 am**  
**Secretary of State**

02-22-2007 90276 018 \*\*\*\*50.00

<b>DOCUMENT # L01000020595</b>		
1. Entity Name <b>FORT HARRISON, LLC</b>		

Principal Place of Business <b>519 CLEVELAND ST #101 CLEARWATER, FL 33755</b>	Mailing Address <b>519 CLEVELAND ST #101 CLEARWATER, FL 33755</b>
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2. Principal Place of Business - No P.O. Box # <b>2180 Calumet Street</b>	3. Mailing Address <b>2180 Calumet Street</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Clearwater, Florida</b>	City & State <b>Clearwater, Florida</b>
Zip <b>33765</b>	Country <b>USA</b>

**6001706**



01242007 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>22-3846812</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>LYONS, GARY W 311 SOUTH MISSOURI AVE. CLEARWATER, FL 33756</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

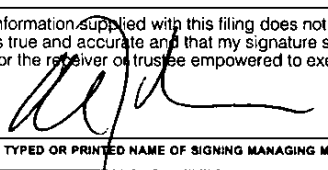
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by May 1, 2007</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P JOHANSSON, HAKAN 519 CLEVELAND ST #101 CLEARWATER, FL 33755</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2180 Calumet Street Clearwater, Florida 33765</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VST JOHANSSON, GABRIELLA 519 CLEVELAND ST #101 CLEARWATER, FL 33755</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Johansson, Gabriela 2180 Calumet Street Clearwater Florida 33765</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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.

<b>SIGNATURE:</b> 	Date <b>2/17/07</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	