## 

## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

ANNUAL KEPUKI						SECRETARY OF STATE DIVISION OF CORPORATIONS				
DOCUMENT # L01000020595							DIVISION OF	RY OF S	TATE	
1. Entity Name FORT HARRISON, LLC										
FORTHA	ARRISON, LLC						08 FEB - 1	AMI	1.00	
					115			HIT []	1.00	
Principal Plac	ce of Business	Mailing Address	L							
2180 CALUMENT ST.		2180 CALUMENT ST.			-					
CLEARWATE	R, FL 33755	CLEARWATER, FL 33755					•			
							BEIDI HOLI OGAL BOLL BUIL	1531 NEW 36	181 81318 16181 6	INTEL IN CORE
2. Principal F	Place of Business - No P.O. Box #	3. Mailing Address								
Suite, Apt.	# oto	Suite, Apt. #, etc.						187 8768 18781 6	H==1 (#1 1061	
Juice, Apr. W, etc.		Suite, Apt. #, etc.			01102008	Chg-LLC	CR2E0	83 (12/06)		
City & State		City & State				4. FEI Numbe	r	<del></del>	A	oplied For
Zip Country		Zip	40.		22-3846	812	-		ot Applicable	
33765		Zip		uy		5. Certificate of	of Status Desired		\$5.00 Add Fee Require	
6. Name and Address of Current F		egistered Agent				7. Name and	Address of New Re		<u> </u>	
LYONS, GARY W										
311 SOUTH MISSOURI AVE.				Street Address (P.O. Box Number is Not Acceptable)						
CLEARWATER, FL 33756							<del></del>			
	•			0:4		. 76.11	<u>.</u>		1	
_				City				FL	Zip Cod	
8. The above the obligat	named entity submits this statement for ions of registered agent.	the purpose of changing its	registere	ed office or	register	ed agent, or both	n, in the State of Flor	ida. I am f	amiliar with,	and accept
SIGNATURE										
FILE NOW!!! FEE IS \$138.75										47-71-1
	NOW!!! FEE !\$ \$138.75 / 1, 2008 Fee will be \$538.75						Make	check pa Departme	yable to ent of Stat	
9. TITLE	MANAGING MEMBER	<del></del>	10.				ADDITIONS/		<del></del>	
NAME	JOHANSSON, HAKAN	☐ Delete	TITLE						<b>XX</b> Change	Addition
STREET ADDRESS	519 CLEVELAND ST #101		STRE	et address	218	O CALUM	ET STREET	r		
CITY-ST-ZIP	CLEARWATER, FL 33755		СПУ	·\$T-ZIP	CLE	ARWATER	, FL 3376			
TITLE NAME	VST JOHANSSON, GABRIELLA	☐ Delete	TITLE						Change	☐ Addition
STREET ADDRESS	519 CLEVELAND ST #101		NAME STRE	ET ADDRESS	2180	CALUMET	STREET			
CITY-ST-ZIP	0.0.0			ST-ZIP	CLEA	ARWATER,	FL 33765			
TITLE -		☐ Delete	` TITLE		-	- *** -			XX Change	Addition
NAME STREET ADDRESS			NAME				0 <b>11</b> 764 801005	115	50	
CITY-ST-ZIP	ļ.			T ADDRESS ST-ZIP		02/11/0	801005	92U *	巻132百。	50
TITLE		☐ Delete	TITLE						Change	Addition
NAME			NAME	:						
STREET ADDRESS CITY-ST-ZIP				T ADDRESS ST-Zip						
TITLE	····	☐ Delete	TITLE				<del></del>	<del>-</del>	Change	C) sadition
NAME		C Deseit	NAME	1					☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP				T ADDRESS						
TITLE				ST-ZIP			<del></del> :			
NAME		☐ Delete	TITLE			_1	{		Change	☐ Addition
STREET ADDRESS				T ADDRESS		0.01	11 1			
CITY-ST-ZIP	1V			ST-ZIP		15 01	4108			
11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Floridal 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										
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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.										
SIGNATURE:										
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  Date  Date										
		,					//	Day		Į.