## 2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## Jan 31, 2007 8:00 am **Secretary of State DOCUMENT # L02000009960** 01-31-2007 90083 040 \*\*\*\*50.00 HARRIS PROPERTY AND LEASING, LLC Mailing Address Principal Place of Business **303 PENDLETON LANE** 1117 N OLIVE AVE WEST PALM BEACH, FL 33401 PALM BEACH, FL 33480 3. Mailing Address 2. Principal Place of Business - No P.O. Box # 121 San Marita Way Suite, Apt. #, etc. 01182007 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 01-0686276 Not Applicable Zip \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HARRIS, JOAN Street Address (P.O. Box Number is Not Acceptable) 303 PENDLETON LANE PALM BEACH, FL 33480 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 Signature, typed of printed name of registered agent and title if applicable. Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. MGRM Delete TITLE ☐ Addition TITLE 121 San Marita Way Palm Beach Gardens, FL 33418 RChange E HARRIS, JOAN NAME STREET ADDRESS STREET ADDRESS 303 PENDLETON LN CITY-ST-ZIP CITY-ST-ZIP PALM BEACH, FL 33480 MGRM TITLE TITLE ☐ Delete HARRIS, JAMES NAME NAME 121 San Marita Way Palm Beach Gardens, FL 33418 STREET ADDRESS 303 PENDLETON LN STREET ADDRESS CITY-ST-ZIP PALM BEACH, FL 33480 CITY-ST-ZIP ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

NAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**FILED**