

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 15, 2005 8:00 am**  
**Secretary of State**

03-15-2005 90349 003 \*\*\*\*50.00

**DOCUMENT # L03000007045**

1. Entity Name  
**HARRISON'S HOLDINGS, LLC**



Principal Place of Business  
**2780 GATEWAY DRIVE  
POMPANO BEACH, FL 33069**

Mailing Address  
**2780 GATEWAY DRIVE  
POMPANO BEACH, FL 33069**

20021048



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02252005 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number  
**86-1051724**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KAHN, DONALD J ESQ.  
317 71ST STREET  
MIAMI BEACH, FL 33141**

Name **Eric Rode**

Street Address (P.O. Box Number is Not Acceptable)

**2780 Gateway Drive**

City **Pompano Beach** FL **33069**

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 or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete  
NAME **RODE, LAURA**  
STREET ADDRESS **2780 GATEWAY DRIVE**  
CITY-ST-ZIP **POMPANO BEACH, FL 33069**

TITLE **MGRM** ☐ Delete  
NAME **RODE, ERIC**  
STREET ADDRESS **2780 GATEWAY DRIVE**  
CITY-ST-ZIP **Pompano Beach, FL 33069**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **Eric Rode**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**3/11/05 (954) 772-1780**

Date Daytime Phone #