

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000015552

Entity Name: HARRIS OIL COMPANY, LLC

FILED
Feb 10, 2005
Secretary of State

Current Principal Place of Business:

21901 US HIGHWAY 441
MOUNT DORA, FL 32757

New Principal Place of Business:

Current Mailing Address:

21901 US HIGHWAY 441
MOUNT DORA, FL 32757

New Mailing Address:

FEI Number: 13-4249573

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POTTER, DEL
308 E FIFTH AVENUE
MOUNT DORA, FL 32757 US

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: MGR () Delete
Name: HARRIS, JAMES C
Address: 972 OLD EUSTIS ROAD
City-St-Zip: MOUNT DORA, FL 32757 US

Title: MGRM () Delete
Name: HARRIS-BURFORD, NANCY
Address: 2640 SHOEMAKER LANE
City-St-Zip: MOUNT DORA, FL 32757 US

Title: MGRM () Delete
Name: HARRIS-BROWN, KELLEY
Address: 2411 EAST CROOKED LAKE CLUB BLVD
City-St-Zip: EUSTIS, FL 32726

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: HARRIS-BURFORD, NANCY
Address: 21901 U S HIGHWAY 441
City-St-Zip: MOUNT DORA, FL 32757 US

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: NANCY HARRIS BURFORD

MGRM

02/10/2005

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