2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Mar 28, 2005 08:00 AM Secretary of State DOCUMENT # L03000038134 1. Entity Name STEVEN R. HARRIS I. LLC Mailing Address Principal Place of Business 1501 FOREST HILL BLVD., UNIT C WEST PALM BEACH FL 33406 1501 FOREST HILL BLVD., UNIT C WEST PALM BEACH FL 33406 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. 1st MOORE CR2E083 (10/04) Applied For City & State City & State 4. FEI Number 59-1587275 Not Applicable Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DAMON, CONRAD ESQ Street Address (P.O. Box Number is Not Acceptable) 4420 BEACON CIR., STE. 100 WEST PALM BEACH FL 33407 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, typod of office period (registered agent and the Leppik able (NOT, flamings Assus specime popular wing retreating). FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR ☐ Change ☐ Addition TITLE ☐ Delete HDA HARRIS, STEVEN R NAME NAMÉ unn**oo**o279055 STREET ADDRESS STREET ADDRESS 1501 FOREST HILL BLVD., UNIT C 03/28/05-80051-008 50.00 CITY-ST-ZIP WEST PALM BEACH FL 33406 CHY-ST-ZIP Change Addition MGR Delete DILLE MILE HARRIS, KAREN E NAME STREET ADDRESS STREET ADDRESS 1501 FOREST HILL BLVD. CITY-ST ZIP CITY-ST-ZIP WEST PALM BEACH FL 33406 Change ☐ Addition ☐ Delete DIEE TiTLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Change THE ☐ Delete HILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete 1010 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete me Change Addition TITLE NAME NAME SIPEET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

FILED

561-964-3232

Daytime Phone #