

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Jan 04, 2007  
Secretary of State**

DOCUMENT# L03000038134

Entity Name: STEVEN R. HARRIS I, LLC

**Current Principal Place of Business:**

1501 FOREST HILL BLVD., UNIT C  
WEST PALM BEACH, FL 33406

**New Principal Place of Business:**

**Current Mailing Address:**

1501 FOREST HILL BLVD., UNIT C  
WEST PALM BEACH, FL 33406

**New Mailing Address:**

FEI Number: 59-1587275      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DAMON, CONRAD ESQ  
4420 BEACON CIR., STE. 100  
WEST PALM BEACH, FL 33407      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/MANAGERS:**

Title: MGR      ( ) Delete  
Name: HARRIS, STEVEN R  
Address: 1501 FOREST HILL BLVD., UNIT C  
City-St-Zip: WEST PALM BEACH, FL 33406

Title: MGR      ( ) Delete  
Name: HARRIS, KAREN E  
Address: 1501 FOREST HILL BLVD.  
City-St-Zip: WEST PALM BEACH, FL 33406

**ADDITIONS/CHANGES:**

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

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 Chapter 119, 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: STEVEN R. HARRIS

MGR

01/04/2007

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