


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90021 018 ****50.00

DOCUMENT # L03000040848 1. Entity Name HERMAN HARRIS, LLC					
Principal Place of Business 1611 WEST PLATT STREET TAMPA, FL 33606			Mailing Address 1611 WEST PLATT STREET TAMPA, FL 33606		
2. Principal Place of Business 1611 West Platt St			3. Mailing Address P.O. Box 4675		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Tampa FL			City & State Tampa FL		
Zip 33606		Country Hillsborough		Zip 33677	
Country Hillsborough		4. FEI Number 20-0328584			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent KOEHLER, KEITH W 1611 WEST PLATT STREET TAMPA, FL 33606			7. Name and Address of New Registered Agent Name HERMAN HARRIS Street Address (P.O. Box Number is Not Applicable) 1611 West Platt St City Tampa FL Zip Code 33606		
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 <u>Herman L Harris</u> DATE <u>4-26-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HARRIS, HERMAN 1611 WEST PLATT STREET TAMPA, FL 33606	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.O. Box 4675 Tampa FL 33677	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.O. Box 4675 Tampa FL 33677	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.O. Box 4675 Tampa FL 33677	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.O. Box 4675 Tampa FL 33677	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.O. Box 4675 Tampa FL 33677	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 606, Florida Statutes.					
SIGNATURE: Herman L Harris DATE <u>4-26-05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					