FILED
Mar 15, 2004 8:00 am
Secretary of State

03-03-2004 90150 037 ****50.00

3

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000042223

1. Entity Name
LEWIS HARPER, PL

Principal Place of Business	Mailing Address
233 CROOKED COURT JACKSONVILLE, FL 32259	233 CROOKED COURT JACKSONVILLE, FL 32259

02162004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
12627 San Jose Blvd.	P.O. Box 600652
Suite, Apt. #, etc.: Suite 302	Suite, Apt. #, etc.
City & State: Jacksonville Florida	City & State: Jacksonville Florida
Zip: 32223 Country: Duval	Zip: 32260 Country: St Johns

4. FEI Number: 20-0370942 ☐ Applied For ☐ Not Applicable

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
HARPER, DEBRA S 233 CROOKED COURT JACKSONVILLE, FL 32259	Name: Lewis W. Harper Street Address (P.O. Box Number is Not Acceptable): 12627 San Jose Blvd Suite 302 City: Jacksonville FL Zip Code: 32223

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] Lewis W. Harper DATE 3/1/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to Florida Department of State.

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR HARPER, LEWIS W 233 CROOKED COURT JACKSONVILLE, FL 32259	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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 608, Florida Statutes.

SIGNATURE: [signature] MGR 3/1/04 904.886.9270

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #