

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90363 005 ****50.00

DOCUMENT # L03000047727			
1. Entity Name J.C. HARRIS CO., LLC			
Principal Place of Business 335 CLEMATIS STREET WEST PALM BEACH, FL 33401		Mailing Address 335 CLEMATIS STREET WEST PALM BEACH, FL 33401	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent HARRIS, JAMES B 335 CLEMATIS STREET WEST PALM BEACH, FL 33401		7. Name and Address of New Registered Agent Name <i>Robert R Harris</i> Street Address (P.O. Box Number is Not Acceptable) <i>335 Clematis St</i> City <i>West Palm Beach</i> FL Zip Code <i>33401</i>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
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	MGRM HARRIS, ROBERT K 335 CLEMATIS STREET WEST PALM BEACH, FL 33401 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HARRIS, JAMES B 335 CLEMATIS STREET WEST PALM BEACH, FL 33401 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <i>Robert R. Harris</i> <i>335 Clematis Street</i> <i>West Palm Beach, FL 33401</i> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 608, Florida Statutes.			
SIGNATURE: <i>Robert R. Harris</i> Robert R. Harris Pres		Date	Daytime Phone #
		<i>4/26/05</i>	<i>561 832-7747</i>

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02112005 Chg-LLC CR2E083 (10/03)

4. FEI Number 61-1460527 Applied For Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required