

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000049892

FILED  
May 04, 2006  
Secretary of State

**Entity Name:** HARRISON CONTRACTING & DEVELOPMENT, LLC

**Current Principal Place of Business:**

4773 GRIMES ROAD  
LAUREL HILL, FL 32567

**New Principal Place of Business:**

**Current Mailing Address:**

4773 GRIMES ROAD  
LAUREL HILL, FL 32567

**New Mailing Address:**

FEI Number: 20-0443415      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

HARRISON, JEROME  
4773 GRIMES ROAD  
LAUREL HILL, FL 32567      US

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: MGRM ( ) Delete  
Name: HARRISON, JEROME  
Address: 4773 GRIMES ROAD  
City-St-Zip: LAUREL HILL, FL 32567

Title: MGRM ( ) Delete  
Name: HARRISON, PATRICIA  
Address: 4773 GRIMES ROAD  
City-St-Zip: LAUREL HILL, FL 32567

**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: JEROME HARRISON

MGRM

05/04/2006

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