

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 24, 2005 8:00 am**  
**Secretary of State**

03-24-2005 90202 044 \*\*\*\*50.00

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|   |   |  |   |  |  |
|---|---|--|---|--|--|
| <b>DOCUMENT # L03000053926</b><br>1. Entity Name<br><b>D.C. HARRIS, LLC</b>   |   |  |   |  |  |
| Principal Place of Business<br><b>5643 ASHTON LAKE DRIVE<br/>SARASOTA, FL 34231</b>   |   |  | Mailing Address<br><b>5643 ASHTON LAKE DRIVE<br/>SARASOTA, FL 34231</b> |  |  |
| 2. Principal Place of Business<br><b>4224 CENTRAL SARASOTA PARKWAY</b><br>Suite, Apt. #, etc.<br><b>APT # 1123</b>  |   | 3. Mailing Address<br><b>4224 CENTRAL SARASOTA PARKWAY</b><br>Suite, Apt. #, etc.<br><b>APT # 1123</b> |   | 02212005 Chg-LLC CR2E083 (10/03)   |  |
| City & State<br><b>SARASOTA, FL</b>   |   | City & State<br><b>SARASOTA, FL</b>  |   | 4. FEI Number<br><b>56-2423489</b>   |  |
| Zip<br><b>34238</b>   |   | Country<br><b>USA</b>  |   | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>HARRIS, DAVID C<br/>5643 ASHTON LAKE DRIVE<br/>SARASOTA, FL 34231</b>   |   |  |   | 7. Name and Address of New Registered Agent<br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>City _____ <b>FL</b> Zip Code _____ |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>  |   |  |   |  |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2005</b>   |   | <b>Make check payable to<br/>Florida Department of State</b>   |   |  |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>   |   |  | <b>10. ADDITIONS/CHANGES</b>  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>MGRP<br/>HARRIS, DAVID C<br/>5643 ASHTON LAKE DRIVE<br/>SARASOTA, FL 34231</b> |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                          | <b>MGRP<br/>HARRIS, DAVID C.<br/>4224 CENTRAL SARASOTA PARKWAY, #1123<br/>SARASOTA, FL 34238</b>   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| <div style="border: 2px solid black; padding: 10px; margin: 10px auto; width: 80%;"> <b>NEW ADDRESS</b><br/> <b>David C. Harris</b><br/> <b>4224 Central Sarasota Parkway, #1123</b><br/> <b>Sarasota, FL 34238</b> </div>  |   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition       |  |  |
| New Address Only Change<br>Thank You  |   |  | <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. |   |  |   |  |  |
| <b>SIGNATURE: David C. Harris</b> <b>22 MARCH 05 (941) 966-4897</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>  |   |  |   |  |  |