2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 11, 2005
Secretary of State

DOCUMENT# L04000046769

Entity Name: MIKA HARRIS REAL ESTATE SERVICES, LLC

Current Principal Place of Business:

4424 NW 13TH STREET, SUITE C-7
GAINESVILLE, FL 32605

New Principal Place of Business:

715 NW 14TH AVE
GAINESVILLE, FL 32605

Current Mailing Address:

4424 NW 13TH STREET, SUITE C-7
GAINESVILLE, FL 32605

New Mailing Address:

715 NW 14TH AVE
GAINESVILLE, FL 32605

FEI Number: 20-1272372 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

MORENO, JOSE I
610 NW 122ND ST
GAINESVILLE, FL 32607 US

Name and Address of New Registered Agent:

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/MEMBERS:

Title: MGR ( ) Delete
Name: HARRIS, JOHN G
Address: 2631 NW 41ST STREET
City-St-Zip: GAINESVILLE, FL 32606

Title: MGR ( ) Delete
Name: MOSER, CARLA N
Address: 2631 NW 41ST STREET
City-St-Zip: GAINESVILLE, FL 32606

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 Section 119.07(3)(i), 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: JOHN HARRIS MGR 05/11/2005

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