

# **2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L04000046769

**FILED**  
**Oct 18, 2006**  
**Secretary of State**

**Entity Name:** MIKA HARRIS REAL ESTATE SERVICES, LLC

**Current Principal Place of Business:**

7115 NW 14TH AVE  
GAINESVILLE, FL 32605

**New Principal Place of Business:**

**Current Mailing Address:**

715 NW 14TH AVE  
GAINESVILLE, FL 32605

**New Mailing Address:**

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

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

MORENO, JOSE I  
126 NW 76TH DRIVE  
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/MANAGERS:**

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

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

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change ( ) Addition  
Name: HARRIS, MIKA K  
Address: 7115 NW 14TH AVE  
City-St-Zip: GAINESVILLE, FL 32606

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: MIKA K. HARRIS

MANA

10/18/2006

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