## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000055511

Address:

City-St-Zip:

19 PARK TERRACE BLVD.

ST. AUGUSTINE, FL 32080

Entity Name: TRIPP AND KATHLEEN HARRISON, L.L.C.

FILED Jul 12, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 19 PARK TERRACE BLVD. ST. AUGUSTINE, FL 32080 **Current Mailing Address: New Mailing Address:** 19 PARK TERRACE BLVD ST. AUGUSTINE, FL 32080 FEI Number: 56-2472646 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: ANGUS DOWLING HARRISON, III 19 PARK TERRACE BLVD. ST. AUGUSTINE, FL 32080 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: ADDITIONS/CHANGES: ( ) Delete Title: () Change () Addition ANGUS DOWLING HARRIS, ON, III Name: Name: Address: 19 PARK TERRACE BLVD. Address: City-St-Zip: ST. AUGUSTINE, FL 32080 City-St-Zip: Title: MGR () Delete Title: () Change () Addition HARRISON, KATHLEEN Name: 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: ANGUS D. HARRISON MGR 07/12/2005