


FILED  
Jun 06, 2005 8:00 am  
Secretary of State

04-29-2005 90037 014 \*\*\*\*55.00

2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

<b>DOCUMENT # L04000075208</b>			
1. Entity Name <b>HARRIS HOUSE, L.L.C.</b>			
Principal Place of Business <b>2665 N. ATLANTIC AVENUE #148 DAYTONA BEACH, FL 32118</b>		Mailing Address <b>2665 N. ATLANTIC AVENUE #148 DAYTONA BEACH, FL 32118</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>GARDNER, DOUGLAS 506 HOLLYWOOD STREET ORMOND BEACH, FL 32176</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 <u><i>Douglas Gardner</i></u> (NOTE: Registered Agent signature required when reissuing) DATE <u>6-1-05</u> Signature, typed or printed name of registered agent and title if applicable.			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE <u>Registered Agent</u> <input type="checkbox"/> Delete NAME <u>Douglas Gardner</u> STREET ADDRESS <u>506 Hollywood Street</u> CITY- ST- ZIP <u>Ormond Beach, FL 32176</u>		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY- ST- ZIP	
TITLE <u>Principal Officer</u> <input type="checkbox"/> Delete NAME <u>Jay D. Gardner</u> STREET ADDRESS <u>506 Hollywood Street</u> CITY- ST- ZIP <u>Ormond Beach, FL 32176</u>		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY- ST- ZIP	
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY- ST- ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY- ST- ZIP	
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.			
SIGNATURE: <u><i>Douglas Gardner</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		<u>4-25-05</u> <u>386 290 7099</u> Date Daytime Phone	