2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State
02-07-2005 90281 031 ****50.00

DOCUMENT # L04000075490

1. Entity Name
HARRIS LAKE INVESTORS, LLC

Principal Place of Business	Mailing Address
2806 U.S. HIGHWAY 90 WEST LAKE CITY, FL 32055	2806 U.S. HIGHWAY 90 WEST LAKE CITY, FL 32055

30003630

01292005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
2806 W US90	2806 W US90
Suite, Apt. #, etc.: SUITE 101	Suite, Apt. #, etc.: SUITE 101
City & State: LAKE CITY FL	City & State: LAKE CITY FL
Zip: 32055 Country:	Zip: 32055 Country:

4. FEI Number: 20-1758904 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CRAPPS, DANIEL D
~~2806 U.S. HIGHWAY 90 WEST~~ 2806 W US90 SUITE 101
LAKE CITY, FL 32055

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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 ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 NAME STREET ADDRESS CITY-ST-ZIP	MGR MEMBER DANIEL CRAPPS 2806 W US90 SUITE 101 LAKE CITY FL 32055 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER MGRM COLUMBIA INVESTORS LLC 2806 W US90 SUITE 101 LAKE CITY FL 32055 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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.

SIGNATURE: [signature] DANIEL CRAPPS 1/31/2005 386-755-5110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #