

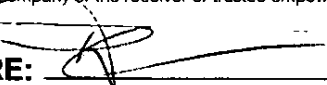


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 16, 2007 8:00 am**  
**Secretary of State**

07-16-2007 90040 024 \*\*\*\*50.00

<b>DOCUMENT # L04000075490</b>					
<b>1. Entity Name</b> HARRIS LAKE INVESTORS, LLC					
<b>Principal Place of Business</b> 2806 WEST UNITED STATES HIGHWAY 90 SUITE 101 LAKE CITY, FL 32055 US			<b>Mailing Address</b> 2806 WEST UNITED STATES HIGHWAY 90 SUITE 101 LAKE CITY, FL 32055 US		
<b>2. Principal Place of Business - No P.O. Box #</b> 164 NW MADISON ST Suite, Apt. #, etc. SUITE 102		<b>3. Mailing Address</b> PO Box 3659 Suite, Apt. #, etc.			
<b>City &amp; State</b> LAKE CITY FL		<b>City &amp; State</b> LAKE CITY FL		<b>4. FEI Number</b> 20-1758904	
<b>Zip</b> 32055		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> CRAPPS, DANIEL D 2806 U.S. HIGHWAY 90 WEST STE. 101 LAKE CITY, FL 32055			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) 164 NW MADISON ST SUITE 102 City LAKE CITY FL Zip Code 32055		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by September 14, 2007</b>				<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>				<b>10. ADDITIONS/CHANGES</b>	
<b>TITLE</b> MGRM <input type="checkbox"/> Delete <b>NAME</b> CRAPPS, DANIEL <b>STREET ADDRESS</b> 2806 W. US 90, STE. 101 <b>CITY-ST-ZIP</b> LAKE CITY, FL 32055	PO Box 3659 LAKE CITY FL 32055			<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.</b>					
<b>SIGNATURE:</b> 				7/9/07 386-755-5110	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #	