

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED  
Jul 28, 2006 8:00 am  
Secretary of State**

07-28-2006 90071 002 \*\*\*\*50.00

DOCUMENT # L04000086109		
1. Entity Name HARRISON MORROW, LLC		

Principal Place of Business  
1405 HARRINGTON PARK DRIVE  
JACKSONVILLE, FL 32225

Mailing Address  
1405 HARRINGTON PARK DRIVE  
JACKSONVILLE, FL 32225

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent			
MORROW, AMANDA <i>90 Harrison Morrow LLC</i> 1405 HARRINGTON PARK DRIVE JACKSONVILLE, FL 32225			



07132006 Chg-LLC CR2E083 (11/05)

4. FEI Number 56-2291795	Applied For Not Applicable
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5. Certificate of Status Desired  \$5.00 Additional Fee Required

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

*Amanda Harrison Morrow*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORROW, AMANDA	NAME	
STREET ADDRESS	1405 HARRINGTON PARK DRIVE	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32225	CITY-ST-ZIP	
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRISON, MILDRED	NAME	
STREET ADDRESS	1405 HARRINGTON PARK DRIVE	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32225	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 688, Florida Statutes.

SIGNATURE:

*Amanda Harrison, Manager, 7/28/06 904-229-7875-*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #