


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # L04000086777</b> 1. Entity Name <b>FELTON L. HARRIS LLC</b>					
Principal Place of Business <b>8468 SANDALWOOD DR. W. TALLAHASSEE, FL 32305</b>			Mailing Address <b>8468 SANDALWOOD DR. W. TALLAHASSEE, FL 32305</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>08242005</b> Chg-LLC    CR2E083 (10/03)	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>HARRIS, FELTON L 8468 SANDALWOOD DR. W. TALLAHASSEE, FL 32305</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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>Filing Fee is \$50.00 Due by September 7, 2005</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM HARRIS, FELTON L 8468 SANDALWOOD DR. W. TALLAHASSEE, FL 32305</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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.					
<b>SIGNATURE:</b> <u>Felton Harris</u>			<u>Aug. 24, 2005</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

**FILED**  
 05 AUG 25 AM 9:57  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



08242005    Chg-LLC    CR2E083 (10/03)

4. FEI Number ☒ Applied For  
☐ Not Applicable

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

City **FL**    Zip Code

**000059237760**  
 09/01/05--01028--018    \*\*50.00

FL. T. H.

8468 Sandalwood