

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT


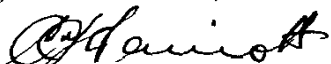
**FILED**  
**Feb 14, 2007 8:00 am**  
**Secretary of State**

02-14-2007 90218 018 \*\*\*\*50.00

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02122007 Chg-LLC CR2E083 (12/06)

<b>DOCUMENT # L04000088368</b>			
1. Entity Name <b>HARRIOTT COMMUNICATIONS CONSULTANTS LLC</b>			
Principal Place of Business <b>2043 WOODFIELD CIRCLE WEST MELBOURNE, FL 32904 US</b>		Mailing Address <b>13017 NEW PARKLAND DRIVE HERNDON, VA 20171 US</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>2043 WOODFIELD CIRCLE</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <b>WEST MELBOURNE, FL</b>	
Zip	Country	Zip	Country
<b>32904</b>	<b>US</b>	<b>32904</b>	<b>US</b>
4. FEI Number <b>NOT APPLICABLE</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>BUSINESS FILINGS INCORPORATED 1203 GOVERNORS SQUARE BLVD SUITE 101 TALLAHASSEE, FL 32301-2960</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 _____			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HARRIOTT, CALVIN 2043 WOODFIELD CIRCLE WEST MELBOURNE, FL 32904 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T HARRIOTT, CALVIN 2043 WOODFIELD CIRCLE WEST MELBOURNE, FL 32904 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HARRIOTT, CALVIN 2043 WOODFIELD CIRCLE WEST MELBOURNE, FL 32904 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S HARRIOTT, PEARLITA 2043 WOODFIELD CIRCLE WEST MELBOURNE, FL 32904 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 606, Florida Statutes.			
SIGNATURE: 		2-12-2007 (321) 768-7728	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	