


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 19, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000088368 1. Entity Name HARRIOTT COMMUNICATIONS CONSULTANTS LLC	
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Principal Place of Business 2043 WOODFIELD CIRCLE WEST MELBOURNE, FL 32904 US	Mailing Address 2043 WOODFIELD CIRCLE WEST MELBOURNE, FL 32904 US
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DO NOT WRITE IN THIS SPACE



02152008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent HARRIOTT, CALVIN 2043 WOODFIELD CIRCLE WEST MELBOURNE, FL 32904
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**DO NOT WRITE
IN THIS SPACE**

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 _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

U000000831995
02/27/08-90040-021 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HARRIOTT, CALVIN 2043 WOODFIELD CIRCLE WEST MELBOURNE, FL 32904
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T HARRIOTT, CALVIN 2043 WOODFIELD CIRCLE WEST MELBOURNE, FL 32904
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HARRIOTT, CALVIN 2043 WOODFIELD CIRCLE WEST MELBOURNE, FL 32904
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S HARRIOTT, PEARLITA 2043 WOODFIELD CIRCLE WEST MELBOURNE, FL 32904
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: Calvin Harriott **CALVIN HARRIOTT** 2-15-2008 (321) 768-7728
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #