

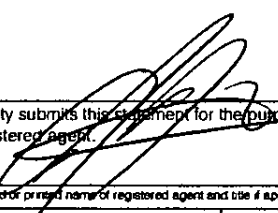
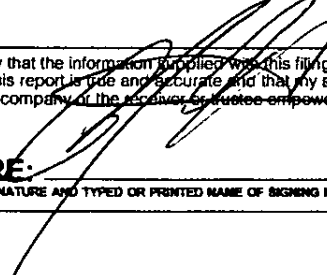


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

*FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 SEP 14 AM 10:57

DOCUMENT # L05000041312					
1. Entity Name ADAM HARRIS, LLC					
Principal Place of Business 1920 EAST 7TH AVENUE, SUITE B TAMPA, FL 33605			Mailing Address 1920 EAST 7TH AVENUE, SUITE B TAMPA, FL 33605		
2. Principal Place of Business 1301 78TH ST		3. Mailing Address 1301 78TH ST			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		09132006 Chg-LLC CR2E083 (11/05)	
City & State TAMPA FL		City & State TAMPA FL		4. FEI Number <input checked="" type="checkbox"/> Applied For Not Applicable	
Zip 33619 Country USA		Zip 33619 Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HARRIS, ADAM J 1920 EAST 7TH AVENUE, SUITE B TAMPA, FL 33605			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1301 78TH ST City TAMPA FL Zip Code 33619		
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 				DATE 9-13-06	
(NOTE: Registered Agent signature required when registering)					
Filing Fee is \$50.00 Due by September 15, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HARRIS, ADAM J 1920 EAST 7TH AVENUE, SUITE B TAMPA, FL 33605	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1301 78TH ST TAMPA FL 33619	
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 500080314575 09/29/06--01071--017 **\$0.00	
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	
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: 				DATE 9-13-06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				DAYTIME PHONE #	