

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000056220

Entity Name: HARRISON VENTURES, LLC

FILED
Apr 27, 2006
Secretary of State

Current Principal Place of Business:

400 N. TAMPA STREET
SUITE 2625
TAMPA, FL 33602

New Principal Place of Business:

17821 OSPREY POINTE PLACE
TAMPA, FL 33647

Current Mailing Address:

400 N. TAMPA STREET
SUITE 2625
TAMPA, FL 33602

New Mailing Address:

17821 OSPREY POINTE PLACE
TAMPA, FL 33647

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARRISON, SHAWN E
400 N. TAMPA STREET
SUITE #2625
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

HARRISON, SHAWN E
1010 N. FLORIDA AVE.
TAMPA, FL 33602 US

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.

SIGNATURE: SHAWN E. HARRISON

04/27/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HARRISON, SHAWN E
Address: 400 N. TAMPA STREET, SUITE # 2625
City-St-Zip: TAMPA, FL 33602

Title: MGRM () Delete
Name: HARRISON, SUSAN
Address: 17821 OSPREY POINTE PLACE
City-St-Zip: TAMPA, FL 33647

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HARRISON, SHAWN E
Address: 17821 OSPREY POINTE PLACE
City-St-Zip: TAMPA, FL 33647

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SHAWN E. HARRISON

MGRM

04/27/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date