
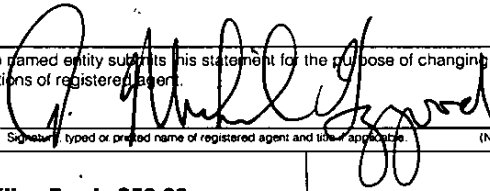
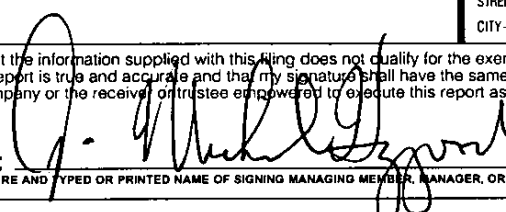


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90146 005 ****50.00

| | | | | | |
|--|---|---|--|---|--|
| DOCUMENT # L05000097591 1. Entity Name HAYGOOD & HARRIS, LLC | | | |  | |
| Principal Place of Business 1639 FORUM PLACE STE 4 WEST PALM BEACH, FL 33401 | | | Mailing Address 1639 FORUM PLACE STE 4 WEST PALM BEACH, FL 33401 | | |
| 2. Principal Place of Business 1551 Forum Place Suite, Apt. #, etc. 400 B | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State West Palm Beach, FL | | City & State | | 4. FEI Number 20-3593023 | |
| Zip 33401 | | Country Palm Beach | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent J. MICHAEL HAYGOOD, P.A. 1639 FORUM PLACE STE 4 WEST PALM BEACH, FL 33401 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1551 Forum Place Suite 400 B City West Palm Beach FL Zip Code 33401 | |
| 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 2/9/2006 <small>(NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2006 | | | Make check payable to Florida Department of State | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM J. MICHAEL HAYGOOD, P.A. 1639 FORUM PLACE STE 4 WEST PALM BEACH, FL 33401 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MEMBER HARRIS & ASSOCIATES, LLC. 1551 Forum Place, Suite 400 B West Palm Beach, FL 33401 <input type="checkbox"/> Change <input checked="" 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 | |
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| 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:  | | | Date 2/9/2006 Daytime Phone # 561-684-8311 | | |

20006222



02032006 Chg-LLC CR2E083 (11/05)