


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 08, 2007 8:00 am
Secretary of State

03-08-2007 90190 008 ****50.00

DOCUMENT # L05000097591					
1. Entity Name HAYGOOD & HARRIS, LLC					
Principal Place of Business 1151 FORUM PLACE 400 B WEST PALM BEACH, FL 33401			Mailing Address 1151 FORUM PLACE 400 B WEST PALM BEACH, FL 33401		
2. Principal Place of Business - No P.O. Box # 1551 Forum Place Suite, Apt. #, etc. 400 B		3. Mailing Address 1551 Forum Place Suite, Apt. #, etc. 400 B			
City & State West Palm Beach, FL		City & State West Palm Beach, FL		4. FEI Number 20-3593023	
Zip 33401		Country USA		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. 1551 FORUM PLACE SUITE 400 B WEST PALM BEACH, FL 33401			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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	MGRM J. MICHAEL HAYGOOD, P.A. 1551 FORUM PLACE, SUITE 400 B WEST PALM BEACH, FL 33401		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Stephanie Harris + Associates, LLC 1551 Forum Place, Suite 400 B West Palm Beach, FL 33401	
Delete <input type="checkbox"/>			Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>		
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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 03/08/07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					