2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 30, 2007 8:00 am Secretary of State DOCUMENT # L06000020492 04-30-2007 90049 044 ****50.00 HARRIS INVESTMENTS FL. LLC Principal Place of Business Mailing Address 60043631 16102 STAGS LEAP DR 16102 STAGS LEAP DR LUTZ, FL 33559 US LUTZ, FL 33559 US 3. Mailing Address 2. Principal Place of Business - No P.O. Box # 17557 VIERRA CANYON RD Suite, Apt. #, etc. Suite, Apt. #, etc. 02172007 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number 65 - 1270545 Applied For CA PRUNEDALE Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired 93907 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 MGRM TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME HARRIS, SEAN NAME 16102 STAGS LEAP DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LUTZ, FL 33559 CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TIT1 F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP 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.

SEAN HARRIS

AS MANAGING MEMBER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE:

FILED

(831) 242-6329

LZ APR ZOOT

Date