## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## Apr 05, 2007 8:00 am Secretary of State **DOCUMENT #L06000032780** 04-05-2007 90024 025 \*\*\*\*50.00 1. Entity Name STEVEN HARRISON LLC Principal Place of Business Mailing Address 5780 FERNLEY DRIVE WEST #108 5780 FERNLEY DRIVE WEST #108 WEST PALM BEACH, FL 33415 WEST PALM BEACH, FL 33415 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01032007 Chg-LLC CR2E083 (12/06) 4. FEI Number Applied For City & State City & State 20-4590172 Not Applicable Country Ζiϼ Country Zìp \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATE CREATIONS NETWORK, INC. Street Address (P.O. Box Number is Not Acceptable) 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410 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, typed or printed name of registered against and title if explicable. (NOTE: Registered Agent signature required when ministrating) Make check payable to Filing Fee is \$50.00 Due by May 1, 2007 Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. MGRM TITLE ☐ Change Addition MLE ☐ Delete HARRISON, STEVEN NAME NAME 5780 FERNLEY DRIVE WEST #108 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF WEST PALM BEACH, FL 33415 Change TITLE Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - 714 CITY-51-20 TITLE ☐ Change ☐ Addition ☐ Detete TITLE NALKE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY - ST- ZIF Change ☐ Addition D Oelete 717 LE TITLE NAME NASAF STREET ADDRESS STREET ADDRESS CITY - ST- ZIF CITY-ST-7IF MLE ☐ Change Addition EtelsC 🔲 TITLE MAME NAME STREET ADDRESS STREET ALMINESS CITY-ST- ZIF CITY-ST-ZIP ☐ Changa Addition Delete TITLE NAME NALIF STREET AUUHESS STREET ADURESS CITY-ST-7IF CITY-ST-ZIF

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 path; 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 508, Florida Statutes.

SIGNATURE: STEVEN HAKKE I DUN SIGNATURE AND TIPED OR PRINTED NAME OF BIGHING MANAGING MEMBER MANAGER OR AUTHORIZED REPRESENTATIVE

**FILED** 

561-439-1210

Deptime Phone 5

04-02-07 Date