

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000034200

Entity Name: HARRIS AND HARRIS LLC

FILED
Apr 30, 2007
Secretary of State

Current Principal Place of Business:

3131 CLARK ROAD
SUITE 202
SARASOTA, FL 34231

New Principal Place of Business:

5571 MARQUESAS CIRCLE
SARASOTA, FL 34233

Current Mailing Address:

3131 CLARK ROAD
SUITE 202
SARASOTA, FL 34231

New Mailing Address:

5571 MARQUESAS CIRCLE
SARASOTA, FL 34233

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARRIS, GARY P
3131 CLARK ROAD
SUITE 202
SARASOTA, FL 34231 US

Name and Address of New Registered Agent:

HARRIS, GARY P
5571 MARQUESAS CIRCLE
SARASOTA, FL 34233 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: GARY PETE HARRIS

04/30/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HARRIS, GARY P
Address: 3131 CLARK ROAD SUITE 202
City-St-Zip: SARASOTA, FL 34231

Title: MGR () Delete
Name: HARRIS, CAROLYN J
Address: 4930 FALL CREST CIRCLE
City-St-Zip: SARASOTA, FL 34233

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: HARRIS, GARY P
Address: 5571 MARQUESAS CIRCLE
City-St-Zip: SARASOTA, FL 34233

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

I hereby certify that the information supplied with this filing does not qualify 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: GARY PETE HARRIS

MGR

04/30/2007

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