


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 26, 2007 8:00 am
Secretary of State

01-26-2007 90079 024 ****50.00

DOCUMENT # L06000078719

1. Entity Name
HARRIS USA HOLDINGS, LLC




Principal Place of Business Mailing Address
4010 GREEN TREE AVE. **PO BOX 18862**
SARASOTA, FL 34233 US **SARASOTA, FL 34276**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



01082007 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-5489703 Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional**
 - Fee Required

6. Name and Address of Current Registered Agent

VOIGT, STEPHEN F
2042 BEE RIDGE ROAD
SARASOTA, FL 34239

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	MGRM	<input type="checkbox"/> Delete	TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, IAN W		NAME	HARRIS, IAN W	
STREET ADDRESS	FLAT 3, 15 GROVE PARK ROAD		STREET ADDRESS	4010 GREEN TREE AVE	
CITY-ST-ZIP	WESTON-SUPER-MARE, SOMERSET, UK BS232LW		CITY-ST-ZIP	SARASOTA, FL 34233	
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, VIVIEN M		NAME	HARRIS, VIVIEN M	
STREET ADDRESS	FLAT 3, 15 GROVE PARK RD.		STREET ADDRESS	4010 GREEN TREE AVE	
CITY-ST-ZIP	WESTON-SUPER-MARE, SOMERSET, UK BS232LW		CITY-ST-ZIP	SARASOTA, FL 34233	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE *[Signature]* **V.M. HARRIS** **01/23/2007** **941-923-0900**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #