

**FILED**  
**Apr 11, 2008 8:00 am**  
**Secretary of State**

3/1

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

03-10-2008 90338 016 \*\*\*138.75

<b>DOCUMENT # L07000081301</b>			
1. Entity Name <b>RENEE L HARRIS LLC</b>			
Principal Place of Business 2110 NE 42ND STREET #2B LIGHTHOUSE POINT, FL 33064		Mailing Address 2110 NE 42ND STREET #2B LIGHTHOUSE POINT, FL 33064	
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
5. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HARRIS, RENEE L 2110 NE 42ND STREET #2B LIGHTHOUSE POINT, FL 33064		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$138.75</b> After May 1, 2008 Fee will be \$538.75			
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HARRIS, RENEE L 2110 NE 42ND STREET #2B LIGHTHOUSE POINT, FL 33064 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <b>3/5/08</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	

30003782



03022008 Chg-LLC CR2E083 (12/06)

4. FEI Number **33-1175677** Applied For Not Applicable

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