

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000000058

**FILED**  
**Apr 10, 2012**  
**Secretary of State**

**Entity Name:** HARRIS RANCH LLC

**Current Principal Place of Business:**

4030 ROBINSON DR.  
HAINES CITY, FL 33844

**New Principal Place of Business:**

**Current Mailing Address:**

4030 ROBINSON DR.  
PO BOX 3939  
HAINES CITY, FL 33844

**New Mailing Address:**

**FEI Number:** 27-4569668

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

HARRIS, CASSANDRA M  
4030 ROBINSON DR.  
PO BOX 3939  
HAINES CITY, FL 33844 US

**Name and Address of New Registered Agent:**

HARRIS, CASSANDRA M  
4030 ROBINSON DR. BOX 3939  
HAINES CITY, FL 33844 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:** CASSANDRA M. HARRIS

04/10/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** REYES, LUIS D  
**Address:** 4030 ROBINSON DR. PO BOX 3939  
**City-St-Zip:** HAINES CITY, FL 33844

**Title:** MMGR  
**Name:** HARRIS, DAVID A  
**Address:** 4030 ROBINSON DR.  
**City-St-Zip:** HAINES CITY, FL 33844

**Title:** MGRM  
**Name:** HARRIS, CASSANDRA M  
**Address:** 4030 ROBINSON DR.  
**City-St-Zip:** HAINES CITY, FL 33844

I hereby 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:** CASSANDRA M. HARRIS

MGRM

04/10/2012

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