FILED Feb 02, 2007 8:00 am Secretary of State 02-02-2007 90035 028 ****50.00

2007 LIMITED LIABILITY COMPANY

	ANNUAL							
DOCUMENT # M0200001497 1. Entity Name J. IRA HARRIS & ASSOCIATES, LLC.								
					<u> </u>			
Principal Place of Bus	Mailing Address							
220 SUNRISE AVENUE STE. 210 Palm Beach, Fl. 33480		220 SUNRISE AVENUE STE. 210 Palm Beach, FL 33480			 	FAKS 1770 ADVI ADDI SE	II 2014 2217 2211 2221 1 2 01	
2. Principal Place of I	3. Mailing Address							
Sulte, Apt. #, etc.		Suits, Apt. #, etc.			01242007	Chg-LLC	CR2E083 (12/06	
City & State		City & State			4. FEI Numbe 65-1157			Applied For Not Applicable
Zip	Country	Zip Coun		itry		of Status Desired	□ \$5.00 A Fee Requi	dditional red
Name and Address of Current Registered Agent				Name	7. Name and	Address of New R	egistared Agent	
HARRIS, J. IRA 220 SUNRISE A' PALM BEACH, F	VENUE STE. 210 L 33480	Street Addre		Street Address (F	P.O. Box Numbe	r is Not Acceptable)	
				City			FL Zip Co	do .
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								
Signsture, typed or printed name of registrated agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
Filing Fee is \$50.00 Due by May 1, 2007			-			Florida	e chask payable to Department of St	
9.	MANAGING MEMBER	RS/MANAGERS Deleta	10.			ADDITIONS/		
TITLE MGRM Delete NAME THE J. IRA HARRIS TRUST DATED JUNE 8, 1983			NAM				☐ Change	Addition
STREET ADDRESS 220 SUNRISE AVENUE STE. 210 CITY-ST-ZIP PALM BEACH, FL 33480				ET ADDRESS -ST-ZIP				
TITLE NAME		☐ Delete	TITLE	1			☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP			\$TRE	ET ADDRESS				
TITLE	☐ Delete		IIILE	-ST-ZIP			Change	☐ Addition
NAME STREET ADDRESS			NAM	E Et address			_ ,	
CITY-ST-ZP			•	-ST-ZIP				
TITLE		Delete	TITLE	1			Change	☐ Addilion
STREET ADDRESS				ET ADDRESS				İ
TITLE		☐ Delete	TITLE	-ST-ZIP			☐ Change	☐ Addition
NAME	NAME.		NAM				<u></u>	
STREET ADDRESS CITY-ST-ZIP			- , .	ET ADDRESS -ST-ZIP	_			
TITLE NAME							Change	Addition
STREET ADDRESS				ET ADORESS				
cmy-st-zip 11. Thereby certify that the information supplied with this filing goes not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information								
11. I hereby certify that the information supplied with this filing goes but 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 companies the receiver of dustee empowered the security 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 companies the receiver of dustee.								
SIGNATURE: 1 25 07 561-659-7130								
SIGNATURE: SIGNATURE (ND TYPED OR PRINTED NAME OF SKINING MANAGUIG NEMBER, MONIGER, OR AUTHORIZED REPRESENTATIVE Date Day, The Day Day Day, The Day Day Day, The								
J. Ira Harris Trustee								

J. Ira Harris Trustee J. Ira Harris Living Trust