2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 27, 2004
Secretary of State

DOCUMENT# M02000002586

Entity Name: JK HARRIS 165 SERVICES, LLC

Current Principal Place of Business:

4995 LACROSS RD., STE. 1115
NORTH CHARLESTON, SC 29406

New Principal Place of Business:

Current Mailing Address:

4995 LACROSS RD., STE. 1115
NORTH CHARLESTON, SC 29406

New Mailing Address:

FEI Number: 37-1440041 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SOUZA, MOIRA
501 S. DAKOTA AVE.
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

SOUZA-SHIVER, MOIRA
2002 N LOIS AVE STE 660
TAMPA, FL 33607 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: MOIRA SOUZA-SHIVER 08/27/2004
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete
Name: HARRIS, JOHN K
Address: 4995 LACROSS RD., STE. 1115
City-St-Zip: NORTH CHARLESTON, SC 29406

Title: MGR ( ) Delete
Name: HARRIS, CHARLES R JR.
Address: 4995 LACROSS RD., STE. 1115
City-St-Zip: NORTH CHARLESTON, SC 29406

ADDITIONS/CHANGES:

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JOHN K HARRIS MGR 08/27/2004
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date