

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

5/19/2003-90070-004-\$50.00-\$50.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JUL 14 PM 3:40

WJ/23

DOCUMENT # L02000019231

Entity Name
HARRIS & TAKADA ROOM, LLC



Principal Place of Business
55 TALLEVAST ROAD, SUITE L55884
SARASOTA FL 34243

Mailing Address
1455 TALLEVAST ROAD, SUITE L55884
SARASOTA FL 34243

Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

Mailing Address
Suite, Apt. #, etc.
City & State
Zip

change address



CHECK HERE IF MAKING CHANGES

4. FEI Number Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent
Name **Business Filings Incorporated**
Street Address (P.O. Box Number is Not Acceptable)
1000 West Avenue, Suite 1114
City **Miami Beach** FL Zip Code **33139**

I, 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 *[Signature]* DATE **16/01/03**

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By: May 1, 2003

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TAKADA, YASUO 102 2-17-5 MATUNOKI SUGINAMI TOKYO JAPAN 166-0014 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TAKADA, KAYOKO 102 2-17-5 MATUNOKI SUGINAMI TOKYO JAPAN 166-0014 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify 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 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **16/01/03** (941) 771-2057