


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 12, 2005 8:00 am
Secretary of State

08-12-2005 90049 041 ****50.00

DOCUMENT # L00000013455							
1. Entity Name HARBOUR PLACE HOLDINGS, L.L.C.							
Principal Place of Business 2930 BISCAYNE BLVD MIAMI, FL 33137		Mailing Address 2930 BISCAYNE BLVD MIAMI, FL 33137					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number 59-3679881			
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
CHRISTENBURY, SHARON 2930 BISCAYNE BLVD MIAMI, FL 31337			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____							
Filing Fee is \$50.00 Due by September 7, 2005			Make check payable to Florida Department of State				
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES				
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Member	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	KAHN, SONNY		NAME	Kahn, Sonny			
STREET ADDRESS	2930 BISCAYNE BLVD		STREET ADDRESS	2930 Biscayne Blvd.			
CITY-ST-ZIP	MIAMI, FL 33137		CITY-ST-ZIP	Miami, FL 33137			
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Member	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	GALBUT, RUSSELL		NAME	Galbut, Russell			
STREET ADDRESS	2930 BISCAYNE BLVD		STREET ADDRESS	2930 Biscayne Blvd.			
CITY-ST-ZIP	MIAMI, FL 33137		CITY-ST-ZIP	Miami, FL 33137			
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Member	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	MENIN, BRUCE		NAME	Menin 1998 Family Trust			
STREET ADDRESS	2930 BISCAYNE BLVD		STREET ADDRESS	2930 Biscayne Blvd.			
CITY-ST-ZIP	MIAMI, FL 33137		CITY-ST-ZIP	Miami, FL 33137			
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CHRISTENBURY, SHARON		NAME				
STREET ADDRESS	2930 BISCAYNE BLVD		STREET ADDRESS				
CITY-ST-ZIP	MIAMI, FL 33137		CITY-ST-ZIP				
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ZDON, JOSEPH		NAME				
STREET ADDRESS	2930 BISCAYNE BLVD		STREET ADDRESS				
CITY-ST-ZIP	MIAMI, FL 33137		CITY-ST-ZIP				
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DACHOH, SHLOMO		NAME				
STREET ADDRESS	2930 BISCAYNE BLVD		STREET ADDRESS				
CITY-ST-ZIP	MIAMI, FL 33137		CITY-ST-ZIP				
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 or the receiver or trustee employed to execute this report as required by Chapter 608, Florida Statutes.							
SIGNATURE: _____			Russell Galbut, Member				
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT, MANAGING MEMBER, MANAGER, OR AUTHORIZED OFFICER			08/05/05 (305) 374-7500				