


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90035 044 \*\*\*\*50.00

**DOCUMENT # L01000000590**  
 1. Entity Name  
**HARBOUR TOWN INVESTMENTS J-444, LLC**



Principal Place of Business      Mailing Address  
**801 NORTH ARMENIA AVE.**      **801 NORTH ARMENIA AVE.**  
**TAMPA, FL 33609**      **TAMPA, FL 33609**

**24053507**

2. Principal Place of Business <b>1700 S. Macdill Avenue</b> Suite, Apt. #, etc. <b>Suite 240</b> City & State <b>Tampa, Florida</b> Zip <b>33629</b> Country <b>USA</b>		3. Mailing Address <b>1700 S. Macdill Avenue</b> Suite, Apt. #, etc. <b>Suite 240</b> City & State <b>Tampa, Florida</b> Zip <b>33629</b> Country <b>USA</b>	
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01052004    Chg-LLC    CR2E083 (10/03)

4. FEI Number <b>59-3701167</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**  
**MCBRIDE, GORDON A**  
**801 NORTH ARMENIA AVE.**  
**TAMPA, FL 33609**

**7. Name and Address of New Registered Agent**

Name	
Street Address (P.O. Box Number is Not Acceptable)	<b>1700 S. Macdill Avenue</b>
	<b>Suite 240</b>
City	<b>Tampa</b>
State	<b>FL</b>
Zip Code	<b>33629</b>

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00**  
**Due by May 1, 2004**

**Make check payable to**  
**Florida Department of State**

**9. MANAGING MEMBERS / MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCBRIDE, GORDON A 801 N ARMENIA AVENUE TAMPA, FL 33609	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOUSHALL, FORREST J 1506 SOUTH ALBANY AVENUE TAMPA, FL 33606	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RODRIGUEZ, JARED 1120 W. PENINSULAR STREET TAMPA, FL 33603	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**10. ADDITIONS/CHANGES**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1700 S. Macdill Avenue Suite 240</b> <b>Tampa, FL 33629</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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 empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** *Gordon A. McBride*      Date: \_\_\_\_\_      Daytime Phone #: **(813) 258-6700**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE