


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 13, 2005 08:00 AM**  
**Secretary of State**

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



Principal Place of Business      Mailing Address  
 1700 S. MACDILL AVE., STE 240      1700 S. MACDILL AVE., STE 240  
 TAMPA, FL 33629      TAMPA, FL 33629

**DO NOT WRITE IN THIS SPACE**



01032005No Chg-LLC      CR2E083 (10/03)

4. FEI Number      Applied For  
 59-3701167      Not Applicable

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

6. Name and Address of Current Registered Agent  
 MCBRIDE, GORDON A  
 1700 S. MACDILL AVE., STE 240  
 TAMPA, FL 33629

**DO NOT WRITE IN THIS SPACE**

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, 2005**

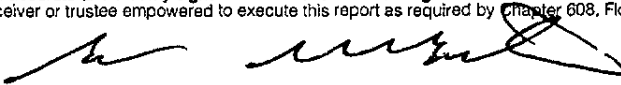
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCBRIDE, GORDON A 1700 S. MACDILL AVE., STE 240 TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOUSHALL, FORREST J 1506 SOUTH ALBANY AVENUE TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RODRIGUEZ, JARED 1120 W PENISULAR STREET TAMPA, FL 33603
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 01/13/05 80054-001 50.00

**DO NOT WRITE IN THIS SPACE**

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:       1/13/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #