


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90016 047 ****55.00

DOCUMENT # L02000029231

1. Entity Name
HARBORSIDE INVESTMENTS, LLC



Principal Place of Business
**209 TOWN CENTER BLVD.
 DAVENPORT, FL 33896**

Mailing Address
**209 TOWN CENTER BLVD.
 DAVENPORT, FL 33896**

20018154



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

03012005 Chg-LLC CR2E083 (10/03)

City & State

4. FEI Number
54-2082123

Applied For
 Not Applicable

Zip - Country

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

Zip - Country

6. Name and Address of Current Registered Agent

**MARLING, JOHN H
 209 TOWN CENTER BLVD.
 DAVENPORT, FL 33896**

7. Name and Address of New Registered Agent

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 _____ 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**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

**MGRM
 MARLING, JOHN H
 209 TOWN CENTER BLVD
 DAVENPORT, FL 32896**

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

DAVENPORT, FL 33896

Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

Delete

TITLE
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 STREET ADDRESS
 CITY - ST - ZIP

Change Addition

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Change Addition

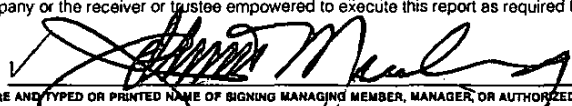
TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

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

JOHN H. MARLING

Date **3/1/05** Daytime Phone # **863-414-5536**