

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0016221

DOCUMENT # L02000029231

1. Entity Name
HARBORSIDE INVESTMENTS, LLC



FILED

03 SEP 23 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CHECK HERE IF MAKING CHANGES

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

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
54-208 2123

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

500023282065

09/23/03--01056--002 **55.00

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 _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MANAGING MEMBER** Delete
NAME **JOHN H MARLING**
STREET ADDRESS **209 TOWN CENTER BLVD**
CITY-ST-ZIP **DAVENPORT, FL 33896**

Change Addition

TITLE **MEMBER** Delete
NAME **HETD J. MARLUX**
STREET ADDRESS **209 TOWN CENTER BLVD**
CITY-ST-ZIP **DAVENPORT, FL 33896**

Change Addition

TITLE **MEMBER** Delete
NAME **JAMES S. CARR**
STREET ADDRESS **209 TOWN CENTER BLVD**
CITY-ST-ZIP **DAVENPORT, FL 33896**

Change Addition

TITLE Delete

Change Addition

TITLE Delete

Change Addition

TITLE Delete

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

9/19/03
Date

Daytime Phone #

CR2E083 (4/03)