


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # <del>L0369</del> 0016681 1. Entity Name HARBOR BALMORAL MANAGEMENT, LLC	
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Principal Place of Business 1440 HIGHWAY A1A VERO BEACH, FL 32963	Mailing Address 1440 HIGHWAY A1A VERO BEACH, FL 32963
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04072006 No Chg-LLC      CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-0130647	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

F&L CORP.  
ONE INDEPENDENT DRIVE  
SUITE 1300  
JACKSONVILLE, FL 32202

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering)      DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SMICK, TIMOTHY S 1440 HIGHWAY A1A VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPS SIMMONS, DANIEL L 1440 HIGHWAY A1A VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T AILLS, ZACHARY A 1440 HIGHWAY A1A VERO BEACH, FL 32963
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100000509569  
04/28/06-80035-025 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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]*  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #