FILED May 05, 2004 8:00 am Secretary of State 05-05-2004 90012 021 ****50.00

ANNUAL REPORT	NY
DOCUMENT # L03000042799	

Country Zip Country Zip Country S. Certificate of Status Desired \$5.00 Addition Fee Required	1. Entity Name HARBOR	AUBURN HILLS MANAGE	MENT, LLC							
Suite, Apt. #, etc. O1052004 Chg-LLC CR2E083 (10/03) Not Applied Applied Applied Spontage	1701 HIGHWAY A1A 1701 HIGHWAY A1A SUITE 304 SUITE 304		1701 HIGHWAY A1A SUITE 304	3	1 (111)	El: EB:SE 1111: 6411 BS:11		II RIO 10110 1637		
City & State Applie Appl	2. Principal Place of Business 3. Mailing Address		· ,							
Country Zip Country Since Country Si	Suite, Apt. #, etc. Suite, Apt. #, etc.		·	01052004	Chg-LLC	CR2E083	3 (10/03)			
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Name	City & State		City & State				15		plied For t Applicable	
Name	Zip	Country	Zip	Country			\$!			
Street Address (P.O. Box Number is Not Acceptable) It is presented agent and street in the Interest agent and street agent and stre		6. Name and Address of Current	Registered Agent		7. Name an	id Address of New F	Registered Ag	ent		
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 the obligations of registered agent. SIGNATURE Signature, typed or prined name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating). DATE Filling Fee is \$50.00 Make check payable to Florida. Department of State Payable to Florida Department of State	THE GREENLEAF BUILDING, 200 LAURA STREET 3RD FLOOR									
SIGNATURE SIGNATURE Signature, typed or printed name of registered agent and title if applicable. Filling Fee is \$50.00 Due by May 1, 2004 Make check payable to Florida Department of State 10. ADDITIONS/CHANGES TITLE DIRECTOR, CHAIRMAN, PRES. Change STREET ADDRESS CITY-SI-ZIP FILLE DIRECTOR, VP, SECRETARY Change STREET ADDRESS ST		»¹								
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TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 supplied with the information supplied with 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 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes.	NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP					Addilion	

limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE