2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000004248

1. Entity Name

741 N.E. HARBOUR DRIVE LLC



Jan 16, 2007 08:00 AN Secretary of State

FILED

Principal Place of Business

5801 NORTH CONGRESS AVENUE BOCA RATON. FL 33487 US Mailing Address

5801 NORTH CONGRESS AVENUE BOCA RATON, FL 33487 US



DO NOT WRITE IN THIS SPACE

01032007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-0628939 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DEREK A. SCHWARTZ, P.A. 1900 CORPORATE BOULEVARD SUITE 225 WEST BOCA RATON, FL 33431

DO NOT WRITE IN THIS SPACE

		· ·		
8. The above the obligat	named entity submits this statement for the purpose of challons of registered agent.	anging its registered office or registered agent, or i	both, in the State of Florida. I am familiar wit	th, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable	(NOTE Registered Agent signature required when reinstating)	DATE	
Fi	iling Fee is \$50.00 ue by May 1, 2007		A- 12	7 E
9.	MANAGING MEMBERS/MANAGERS			C. 7 4 4
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CONTEMPORARY CONCEPTS L.C. 5801 NORTH CONGRESS AVENUE BOCA RATON, FL 33487			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WOLF, ERIC 5801 N CONGRESS AVE BOCA RATON, FL 33487		/##1000586036 01/16/07-80037-003 5	0.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			NOT WRITE	
name		I IN	THIS SPACE	İ

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:

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING MANAGING MINISER, OR AUTHORIZED REPRESENTATIVE

1/11/07

561-860,9454

Daytime Phone #