2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000029872

FILED
Apr 30, 2009
Secretary of State

Entity Name: HARBOR POINTE BUSINESS CENTER, LLC

Current Principal Place of Business:

451 APOLLO BEACH BOULEVARD
APOLLO BEACH, FL 33572

New Principal Place of Business:

Current Mailing Address:

451 APOLLO BEACH BOULEVARD
APOLLO BEACH, FL 33572

New Mailing Address:

FEI Number: 20-2611322 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DAMONTE, JONATHAN J
12110 SEMINOLE BLVD.
LARGO, FL 33778 US

Name and Address of New Registered Agent:

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.

SIGNATURE: ______________________________

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: EKLO, MARK
Address: 451 APOLLO BCH BLVD
City-St-Zip: APOLLO BEACH, FL 33572

Title: MGR ( ) Delete
Name: RUSS, DAN
Address: 451 APOLLO BCH BLVD
City-St-Zip: APOLLO BEACH, FL 33572

Title: MGR ( ) Delete
Name: BARTH, WILLIAM R JR.
Address: 1862 BONN BOULEVARD
City-St-Zip: BISMARCK, ND 58504

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MARK EKLO MGR 04/30/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date