


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2006 08:00 AM
Secretary of State

DOCUMENT # M04000004138

1. Entity Name
SOUTH HARBOR PROPERTIES, LLC



Principal Place of Business 930 CAMBRIDGE BERKLEY, MI 48072	Mailing Address 930 CAMBRIDGE BERKLEY, MI 48072
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04042008No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1454856	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**A1A REGISTERED AGENT, INC.
 92 SADBERRY ROAD
 QUINCY, FL 32351**

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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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WAGGONER, DONALD II 930 CAMBRIDGE BERKLEY, MI 48072
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CALENDER, LAURA A 930 CAMBRIDGE BERKLEY, MI 48072
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM VALLETTA, KAY 930 CAMBRIDGE BERKLEY, MI 48072
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 04/22/06-80010-004 50.00

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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 609, Florida Statutes.

SIGNATURE: Laura Calender *Laura Calender* **4/4/06** **248-399-4013**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #