## 2005 LIMITED PARTNERSHIP ANNUAL REPORT **Due By May 1, 2005**

## FILED **DOCUMENT # A0100000509** 2005 APR 14 PM 1: 12 1. Entity Name HARBOR INVESTMENT, LTD. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 6823 VISTA PARKWAY NORTH 6823 VISTA PARKWAY NORTH WEST PALM BEACH, FL 33411 WEST PALM BEACH, FL 33411 2. Principal Place of Business 3. Mailing Address 250 South Central Blvd. 250 South Central Blvd. Suite, Apt. #, etc Suite, Apt. #, etc. 04112005 Chq-LP CR2E003 (10/03) Suite # 207 Suite # 207 City & State City & State 4. FEI Number Applied For Jupiter, Florida Jupiter, Florida 65-1094626 Not Applicable Zip 33458 Country Zip Country \$8.75 Additional 5. Certificate of Status Desired USA 33458 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PERRY, CHERYL Y Street Address (P.O. Box Number is Not Acceptable) 250 South Central Blvd. 6823 VISTA PARKWAY NORTH WEST PALM BEACH, FL 33411 Suite # 207 <sup>City</sup>Jupiter Zip Code 33458 8. The above named A ity 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 Cheryl Y. Perry, Registered Agent 4/11/05 stered agent and title if applicable DATE 9. Capital Contributions 10. Amount of Capital Contributions \$5,000.00 as Shown on record. in FLORIDA to date. A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. GENERAL PARTNER INFORMATION 12. 13. ADDRESS CHANGES ONLY DOCUMENT # P00000103016 STREET ADDRESS C.H. CONSULTING, INC. NAME STREET ADDRESS 6534 ROCK CREEK DRIVE CITY-ST-ZIP 500054030145 CITY-ST-ZIP LAKE WORTH, FL 33467 <del>05/06/05--01111--008 \*\*</del>141.25 DOCUMENT # STREET ADORESS NAME SASSO, EDWARD A STREET ADDRESS 340 SOUTH U.S. HWY. #1, UNIT #607 CITY-ST-7IP CITY-ST-ZIP JUPITER, FL 33477 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP COY-ST-7P 14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes SIGNATURE: Chris A. Heine. General Partner

Date

Daytime Phone #