

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A01000000509

1. Entity Name
HARBOR INVESTMENT, LTD.



FILED
03 APR 30 AM 5:32
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJM

Principal Place of Business 6823 VISTA PARKWAY NORTH WEST PALM BEACH FL 33411	Mailing Address 6823 VISTA PARKWAY NORTH WEST PALM BEACH FL 33411
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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DUE BY MAY 1, 2003

4. FEI Number 65-1094626	Applied For
	Not Applicable

5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

HEINE, CHRIS
6823 VISTA PARKWAY NORTH
WEST PALM BEACH FL 33411

7. Name and Address of New Registered Agent

Name: **Cheryl Y. Perry**

Street Address (P.O. Box Number is Not Acceptable):

City: **FL** Zip Code:

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: **Cheryl Y. Perry** DATE: **4/17/03**

9. Capital Contributions as Shown on record. **\$5,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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.

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	P00000103016
NAME	C.H. CONSULTING, INC.
STREET ADDRESS	6823 VISTA PARKWAY NORTH
CITY-ST-ZIP	WEST PALM BEACH FL 33411
DOCUMENT #	
NAME	SASSO, EDWARD A
STREET ADDRESS	8818 S.E. RIVERFRONT TERRACE
CITY-ST-ZIP	TEQUESTA FL 33469
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

14. 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 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** DATE: **4/17/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

(361) 614-7500

0011912 AT

CR2E003 (10/02)

STAPLE CHECK HERE