

**2007 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2007**

<b>DOCUMENT # A05000001750</b>	
1. Entity Name <b>HARBORSIDE MARINA, LTD.</b>	



FILED

07 JUN 13 AM 9:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business <b>200 S. ORANGE AVE., SUITE 2025 ORLANDO, FL 32801 US</b>	Mailing Address <b>200 S. ORANGE AVE., SUITE 2025 ORLANDO, FL 32801 US</b>
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2. Principal Place of Business - No P.O. Box # 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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02022007 Chg-LP CR2E003 (12/06)

4. FEI Number <b>APPLIED FOR</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>URBAN &amp; THIER, P.A. 545 DELANEY AVENUE BUILDING 7 ORLANDO, FL 32801</b>	
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7. Name and Address of New Registered Agent	
Name <b>Urban &amp; Thier, P.A.</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>200 S. Orange Avenue, Suite 2025</b>	
City <b>Orlando</b>	Zip Code <b>FL 32801</b>

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 <b>05/01/07</b>
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**FILE NOW!!! FEE IS \$500.00  
After May 1, 2007, Fee will be \$900.00**

**900104676539  
05/21/07--01051--007 \*\*500.00**

**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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>P03000107619 JUPITER USA, INC. 545 DELANEY AVENUE ORLANDO, FL 32801</b>	STREET ADDRESS CITY-ST-ZIP	<b>200 S. Orange Avenue, Suite 2025 Orlando, FL 32801</b>
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STAPLE CHECK HERE

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:	DATE <b>05/01/07</b>	DAYTIME PHONE # <b>407-245-8360</b>
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #