


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A06000000738 1. Entity Name HARBORSIDE HOLDINGS NC, LTD.	
---	---


Principal Place of Business 200 S. ORANGE AVE., SUITE 205 ORLANDO, FL 32801 US	Mailing Address 200 S. ORANGE AVE., SUITE 205 ORLANDO, FL 32801 US
--	--

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED

2007 MAY 18 P 1:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

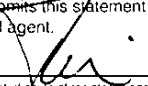


02022007 Chg-LP CR2E003 (12/06)

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
---------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent URBAN & THIER, P.A. 545 DELANEY AVENUE SUITE 7 ORLANDO, FL 32801	7. Name and Address of New Registered Agent Name Urban & Thier, P.A. Street Address (P.O. Box Number is Not Acceptable) 200 S. Orange Avenue, Suite 205 City Orlando FL Zip Code 32801
---	---

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 05/01/07

FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00
--

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 #	P0300107619	STREET ADDRESS	200 S. Orange Avenue, Suite 205
NAME	JUPITER USA, INC.	CITY-ST-ZIP	Orlando, FL 32801
STREET ADDRESS	545 DELANEY AVENUE SUITE 7		
CITY-ST-ZIP	ORLANDO, FL 32801		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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 05/01/07 407-245-8360
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	Daytime Phone #

STAPLE CHECK HERE