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

## DOCUMENT # A9400000067

1. Entity Name

HARBOR APARTMENTS, LTD.

FILED Apr 19, 2007 08:00 A Secretary of State

Principal Place of Business

444 SEABREEZE BLVD. SUITE 600 DAYTONA BEACH, FL 32118

Mailing Address

444 SEABREEZE BLVD. SUITE 600 DAYTONA BEACH, FL 32118



01252007 No Chg-LP

CR2E003 (12/06)

4. FEI Number Applied For S9-3220357 Not Applied For Not Applied For Status Desired S8.75 Additional Fee Required

## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CONTINENTAL PROPERTY SERVICES, INC. 444 SEABREEZE BLVD. SUITÉ 600 DAYTONA BEACH, FL 32118 DO NOT WRITE IN THIS: SPACE

		·	
	named entity submits this statement for the purpose of changing ions of registered agent.	its registered office or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE			DATE
	Signature, typed or printed name of registered agent and title if applicable		DATE
	FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$		
	A GENERAL PARTNER THAT IS A BUSINESS NOTE: General Partners MAY NOT be changed o		
12.	GENERAL PARTNER INFORMATION		•
DOCUMENT#	581075		
NAML	POLYEDER, INC.	·	
STREET ADDRESS	% 1025 S. BEACH STREET		
CITY-ST-ZIP	DAYTONA BEACH, FL 32114		
DOCUMENT #			

## DOCUMENT / NAML STREET ADDRESS CITY-ST-ZIP DOCUMENT / IN THIS SPACE

U00000718477 05/01/07-80023-020 500.00

CITY-SI-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
indicated	certify that the information Supplied with this filing does not qualify for to this report is true and accurate and that my signature shall have the supply of the state of the supplementation of the supplem

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 significant shall have the same legal effect as if made under eath; that I am a General Partner of the limited partnership or the receiver or trustee employered to execute this report as grequired by Chapter 620. Florida Statutes

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

NAME

STAPLE CHECK HERE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone ∉