


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L00000000229</b> 1. Entity Name <b>HARBORVIEW INVESTORS, LLC</b>	
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Principal Place of Business <b>8320 W. SUNRISE BLVD., SUITE 108 SUITE 203 PLANTATION, FL 33322</b>	Mailing Address <b>8320 W. SUNRISE BLVD., SUITE 108 SUITE 203 PLANTATION, FL 33322</b>
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03052005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0971382</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>
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**6. Name and Address of Current Registered Agent**

<b>HOLSTEIN, GERALD K 8320 W. SUNRISE BLVD., SUITE 108 SUITE #203 PLANTATION, FL 33322</b>
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**DO NOT WRITE  
IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM HOLDEN, JOHN 8320 W. SUNRISE BLVD., SUITE 108 PLANTATION, FL 33322</b>
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04/27/05-80126-019 50.00**

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

<b>SIGNATURE:</b>  <b>JOHN HOLDEN</b>	<b>3-14-05 (854)370-8220</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date Daytime Phone #</small>