2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L00000000229

1. Entity Name

HARBORVIEW INVESTORS, LLC



Principal Place of Business

Mailing Address

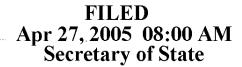
8320 W. SUNRISE BLVD., SUITE 108

SUITE 203

PLANTATION, FL 33322

8320 W. SUNRISE BLVD., SUITE 108 SUITE 203

PLANTATION, FL 33322





03052005 No Chg-LLC

CR2E083 (10/03)

4.	FEI Number	
	65-0971382	

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

Name and Address of Current Registered Agent

HOLSTEIN, GERALD K 8320 W. SUNRISE BLVD., SUITE 108 SUITE #203 PLANTATION. FL 33322

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8	3. The above named entity submits this statement for the purpose of changing its register	ed office or registered agent,	or both, in the State of Florida	I am familiar with, and accept
	the obligations of registered agent.		•	

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

MANAGING MEMBERS/MANAGERS

(NOTE Registered Agent signature required when reinstalling)

DATE

Filing Fee is \$50.00 Due by May 1, 2005

(3	WAIVAGING MENIBERS/INANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOLDEN, JOHN 8320 W. SUNRISE BLVD., SUITE 108 PLANTATION, FL 33322		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CHY-ST-ZIP			

U00000336451 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.

SIGNATURE:

JRE: JOHN HOLD SJ SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE 3-14-05 (54)370-8220

Dordina Phone #