

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L00000000385

1. Entity Name
GARRISON HARBOURSIDE, LLC



**FILED
Apr 16, 2004 8:00 am
Secretary of State**

04-16-2004 90416 029 ****50.00

Principal Place of Business
610 GARRISON COVE LANE
TAMPA, FL 33602

Mailing Address
610 GARRISON COVE LANE
TAMPA, FL 33602

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03182004 Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3634845	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FULLER, WILLIAM J III
1530 CROSS STREET
SARASOTA, FL 34236

Name

Street Address (P.O. Box Number is Not Acceptable).

630 S. Orange Ave, Suite 104

City

Sarasota

FL

Zip Code
34236

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

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

(NOTE: Registered Agent signature required when renaming)

DATE

Filing Fee is \$50.00
Due by May 1, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ADAMS, MICHAEL L 5680 ROOSEVELT BLVD. CLEARWATER, FL 33760	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	610 Garrison Cove Lane Tampa, FL 22602	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/6/04 813-228-8499

Date

Daytime Phone #