2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2007
Secretary of State

DOCUMENT# L00000006916

Entity Name: FRIDAY HARBOUR, L.L.C.

Current Principal Place of Business:

8771 GREY OAKS AVENUE
SARASOTA, FL 34238

New Principal Place of Business:

Current Mailing Address:

8771 GREY OAKS AVENUE
SARASOTA, FL 34238

New Mailing Address:

FEI Number: 65-1016540 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

DUFFEY, DEBRA L
8771 GREY OAKS AVENUE
SARASOTA, FL 34238 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: DUFFEY, DEBRA L
Address: 8771 GREY OAKS AVENUE
City-St-Zip: SARASOTA, FL 34238 US

Title: MEM ( ) Delete
Name: DUFFEY, SAMUEL S
Address: 8771 GREG OAKS AVENUE
City-St-Zip: SARASOTA, FL 34238 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: DUFFEY, DEBRA L
Address: 8771 GREY OAKS AVENUE
City-St-Zip: SARASOTA, FL 34238 US

Title: MGRM (X) Change ( ) Addition
Name: DUFFEY, SAMUEL S
Address: 8771 GREG OAKS AVENUE
City-St-Zip: SARASOTA, FL 34238 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DEBRA DUFFEY MGRM 05/01/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date