

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 APR 14 AM 9:30



DOCUMENT # L00000006988		1. Entity Name SIGNATURE HARBOUR CENTRE, LLC	
Principal Place of Business 10520 N.W. 26TH STREET, SUITE C-201 MIAMI, FL 33172		Mailing Address 10520 N.W. 26TH STREET, SUITE C-201 MIAMI, FL 33172	
2. Principal Place of Business - No P.O. Box # <i>10520 NW 26 St.</i>		3. Mailing Address <i>10520 NW 26 St.</i>	
Suite, Apt. #, etc. <i>C 201</i>		Suite, Apt. #, etc. <i>C 201</i>	
City & State <i>Doral, FL.</i>		City & State <i>Doral, FL.</i>	
Zip <i>33172</i>		Country <i>U.S.</i>	
6. Name and Address of Current Registered Agent  CABANAS, JOSE E <del>ESQ</del> 10520 N.W. 26TH STREET, SUITE C-201 MIAMI, FL 33172		7. Name and Address of New Registered Agent Name <i>Cabanas, Jose E.</i> Street Address (P.O. Box Number is Not Acceptable) <i>10520 NW 26 St. - C 201</i> City <i>Doral</i> FL Zip Code <i>33172</i>	
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 <i>Jose E. Cabanas</i> DATE <i>3/27/08</i> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CABANAS, JOSE E <input type="checkbox"/> Delete 10520 N.W. 26TH STREET, SUITE C-201 MIAMI, FL 33172	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Cabanas, Jose E.</i> <i>10520 NW 26 St. - Ste. C 201</i> <i>Doral, FL 33172</i>
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 <b>800123068768</b> <b>04/11/08--01046--012 **427.50</b>
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 exemptions contained in Chapter 119, 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:		Date <i>3/27/08</i> (305) 513 3639	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			
<i>Jose E. Cabanas</i>			