


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000011157 1. Entity Name HARBORMASTERS INVESTMENTS, L.L.C.	
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Principal Place of Business
444 BRICKELL AVE., STE. 300
MIAMI, FL 33131

Mailing Address
444 BRICKELL AVE., STE. 300
MIAMI, FL 33131



02062004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0264876	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

MERKIN, STEWART A ESQ.
444 BRICKELL AVE., STE. 300
MIAMI, FL 33131

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

U000000042744
02/10/04-80037-003 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ZAPPA, GERARD 9B BOULEVARD DU PRINCE HENRY LUXEMBOURG,
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WAUTERS, JEAN 18 VIEUX CHEMIN DE NIVELLE 1440 BRAINE LE CHATEAU BELG,
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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:

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

2/6/04

Date

305 357 3556

Daytime Phone #