


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 09, 2004 8:00 am**  
**Secretary of State**

03-09-2004 90290 011 \*\*\*\*50.00

<b>DOCUMENT # L00000013455</b> 1. Entity Name <b>HARBOUR PLACE HOLDINGS, L.L.C.</b>					
Principal Place of Business <b>2930 BISCAYNE BLVD MIAMI, FL 33137</b>			Mailing Address <b>2930 BISCAYNE BLVD MIAMI, FL 33137</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>59-3679881</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>CHRISTENBURY, SHARON 2930 BISCAYNE BLVD MIAMI, FL 33137</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KAHN, SONNY</b> <b>2930 BISCAYNE BLVD</b> <b>MIAMI, FL 33137</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GALBUT, RUSSELL</b> <b>2930 BISCAYNE BLVD</b> <b>MIAMI, FL 33137</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MENIN, BRUCE</b> <b>2930 BISCAYNE BLVD</b> <b>MIAMI, FL 33137</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>CHRISTENBURY, SHARON</b> <b>2930 BISCAYNE BLVD</b> <b>MIAMI, FL 33137</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>ZDON, JOSEPH</b> <b>2930 BISCAYNE BLVD</b> <b>MIAMI, FL 33137</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>DACHOH, SHLOMO</b> <b>2930 BISCAYNE BLVD</b> <b>MIAMI, FL 33137</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>Mayron, Shay</b> <b>2930 Biscayne Boulevard</b> <b>Miami, FL 33137</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Assistant Treasurer</b> <b>De Almagro, Pablo</b> <b>2930 Biscayne Boulevard</b> <b>Miami, FL 33137</b>	<input type="checkbox"/> Change <input checked="" 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)(i), 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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER</small>			Sharon Christenbury, Vice President Authorized Person		
Date <b>3/4/04</b>			Daytime Phone #		