## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

| NAME KAHN, SONNY STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33137  TITLE D AME GALBUT, RUSSELL STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33137  TITLE D MAME GALBUT, RUSSELL STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33137  TITLE D MAME STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33137  TITLE D MAME MENIN, BRUCE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33137  TITLE V MAME STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33137  TITLE V NAME CHRISTENBURY, SHARON STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33137  TITLE V NAME STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33137  TITLE V MAME CHRISTENBURY, SHARON STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33137  TITLE V MAME STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33137  TITLE NAME STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33137  TITLE NAME STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33137   | DOCUMENT # L0000013455  1. Entity Name HARBOUR PLACE HOLDINGS, L.L.C. |  |                               |             |                             | 03-09  | 9-2004 90   | 0290 01                     | 1 ****4         | 50.00      |
|--|---|--|-------------------------------|-------------|-----------------------------|--|---|-----------------------------|-----------------|------------|
| Suite, Apt. #, etc.  | 2930 BISCAYNE BLVD  |  | 2930 BISCAYNE BLVD            |             |                             |  |   |                             |                 |            |
| City & State  City & State  City & State  Country  Countr | 2. Principal Place of Business  |  | 3. Mailing Address            |             |                             |  |   |                             |                 |            |
| Example   Country   Zep   Country   Zep   Country   Set      | Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.           |             |                             |  | .c 0  | CR2E083                     | (10/03)         |            |
| ENTER ADDRESS OF SEAD ASSISTANCES LLV SIGNAL PROBLEM STEET ADDRESS SEAD ASSISTANCES SET ADDRESS SET AD | City & State  |  | City & State                  |             |                             |  |   |                             | ··              |            |
| Name   | Zip   | Country  | Zip                           | Country     |                             |  | esired  |                             | .00 Add         | ditional   |
| CHRISTENBURY, SHARON 2930 BISCAYNE BLVD  MAM, FL 33137  TILE  D ALBUT, RUSSELL  SIRET ADDRESS  TILE  TILE  D ALBUT, RUSSELL  SIRET ADDR |   | 6. Name and Address of Current F                       | Registered Agent              |             |                             | 7. Name and Address o                        | f New Regis   | stered Age                  | int             |            |
| 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature, hybert or printed name of registered agent and tire / applicable.  | 2930 BISC   | AYNE BLVD  |                               |             | (P.O. Box Number is Not Acc | ceptable)                                    |   |                             |                 |            |
| 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature   Signatu |   |  |                               |             | City                        |  |   | FL                          | Zip Cod         | e          |
| Spraure, typed or presend earner of registered Agent and stee if applicable.   Change   Cha   |   |  | the purpose of changing its   | registere   | ed office or registe        | ered agent, or both, in the Sta              | ate of Florida  | <u> </u>                    | illiar with,    | and accept |
| STREET ADDRESS   2930 BISCAYNE BLVD   Delete   MAME   MENIN, BRUCE   STREET ADDRESS   2930 BISCAYNE BLVD   Delete   MAME   MENIN, BRUCE   STREET ADDRESS   2930 BISCAYNE BLVD   Delete   MAME   | SIGNATURE .   | Signature, typed or printed name of registered agent a | nd title if applicable. (NOTE | : Registere | d Agent signature requir    | ed when reinstating)                         |   | DATE                        |                 |            |
| TITLE NAME CITY-ST-2P NIAMI, FL 33137  TITLE TITLE TOORESS CITY-ST-2P NIAMI, FL 33137  TITLE TOORESS CITY-ST-2P NIAMI TOORESS CITY-ST-2 |   |  |                               |             |                             | -  | Action to the contract of the | Anna Carlotte Commission of | 100000000000000 | e          |
| MAME STREET ADDRESS CITY-ST-ZPP MIAMI, FL 33137  TITLE D GAL BUT, RUSSELL STREET ADDRESS CITY-ST-ZPP MIAMI, FL 33137  TITLE D MAME STREET ADDRESS CITY-ST-ZPP MIAMI, FL 33137  TITLE D MENIN, BRUCE STREET ADDRESS CITY-ST-ZPP MIAMI, FL 33137  TITLE D MENIN, BRUCE STREET ADDRESS CITY-ST-ZPP MIAMI, FL 33137  TITLE TITLE TITLE THAME MAME STREET ADDRESS CITY-ST-ZPP MIAMI, FL 33137  TITLE TITLE THE THAME STREET ADDRESS CITY-ST-ZPP MIAMI, FL 33137  TITLE THE THE MAME STREET ADDRESS CITY-ST-ZPP MIAMI, FL 33137  TITLE THE MAME STREET ADDRESS CITY-ST-ZPP MIAMI, FL 33137  TITLE THE MAME STREET ADDRESS CITY-ST-ZPP MIAMI, FL 33137  TITLE THE MAME STREET ADDRESS CITY-ST-ZPP MIAMI, FL 33137  TITLE THE MAME STREET ADDRESS CITY-ST-ZPP MIAMI, FL 33137  TITLE THE MAME STREET ADDRESS CITY-ST-ZPP MIAMI, FL 33137  TITLE THE MAME STREET ADDRESS CITY-ST-ZPP MIAMI, FL 33137  TITLE THE MAME STREET ADDRESS CITY-ST-ZPP MIAMI, FL 33137  TITLE THE MAME DACHOH, SHLOMO STREET ADDRESS CITY-ST-ZPP MIAMI, FL 33137  TITLE S DACHOH, SHLOMO STREET ADDRESS STREET AD | 9.  | MANAGING MEMBEI  | RS/MANAGERS                   | 10.         |                             | ADD  | ITIONS/CH   | ANGES                       |                 |            |
| TITLE  MAME GALBUT, RUSSELL SIRECT ADDRESS CITY-ST-ZIP MIAMI, FL 33137  TITLE  MENIN, BRUCE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33137  TITLE  MENIN, BRUCE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33137  TITLE  V  CHRISTENBURY, SHARON SIRECT ADDRESS CITY-ST-ZIP MIAMI, FL 33137  TITLE  TITLE  T  ZDON, JOSEPH STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33137  TITLE  T  ZDON, JOSEPH STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33137  TITLE  T  ZDON, JOSEPH STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33137  TITLE  T  ZDON, JOSEPH STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33137  TITLE  T  ZDON, JOSEPH STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33137  TITLE  T  ZDON, JOSEPH STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33137  TITLE  S  MAME STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33137  TITLE  S  Detate  TITLE  S  DETAIL  Addition  Change Addition  Addition  Addition  Addition  Change Addition  Change Addition  Addition  Change Addition  Addition  Change Addition  Change Addition  Change Addition  Addition  Change Addition  C | name<br>Street address  | KAHN, SONNY<br>2930 BISCAYNE BLVD                      | ☐ Delete                      | NAM<br>STRE | EET ADDRESS                 | Mayron, Shay<br>2930 Biscayne Boulevard      | 1   |                             | ] Change        | Addition   |
| MENIN, BRUCE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33137  TITLE V NAME STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33137  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE V NAME STREET ADDRESS CITY-ST-ZIP TITLE T Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE S De Almagro, Pablo 2930 Biscayne Boulevard Miami, FL 33137  CITY-ST-ZIP TITLE T Change Addition Change Change Addition Change Change Addition Change  | NAME<br>STREET ADDRESS  | GALBUT, RUSSELL<br>2930 BISCAYNE BLVD                  | ☐ Delete                      | nam<br>Stri | EET ADDRESS                 |  |   |                             | ] Change        | Addition   |
| NAME STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33137  TITLE T ZDON, JOSEPH STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33137  TITLE STREET ADDRESS CITY-ST-ZIP  TITLE S Delete Delete TITLE S Delete TITLE S Delete TITLE S Delete TITLE NAME DACHOH, SHLOMO STREET ADDRESS Z930 BISCAYNE BLVD STREET ADDRESS  | NAME<br>STREET ADDRESS  | MENIN, BRUCE<br>2930 BISCAYNE BLVD                     | ☐ Delete                      | NAM<br>STRE | EET ADDRESS                 | De Almagro, Pablo<br>2930 Biscayne Boulevard |   |                             | Change          | Addition   |
| NAME ZDON, JOSEPH STREET ADDRESS 2930 BISCAYNE BLVD STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33137 CITY-ST-ZIP  TITLE S DACHOH, SHLOMO NAME DACHOH, SHLOMO STREET ADDRESS 2930 BISCAYNE BLVD STREET ADDRESS   | NAME<br>STREET ADORESS  | CHRISTENBURY, SHARON<br>2930 BISCAYNE BLVD             | ☐ Delete                      | NAN<br>STRI | KE<br>EET ADDRESS           |  |   |                             | _ Change        | Addition   |
| NAME DACHOH, SHLOMO NAME STREET ADDRESS 2930 BISCAYNE BLVD STREET ADDRESS  | NAME<br>STREET ADDRESS  | ZDON, JOSEPH<br>2930 BISCAYNE BLVD                     | ☐ Delete                      | NAM<br>STR  | NE<br>EET ADORESS           |  |   |                             | ☐ Change        | ☐ Addition |
| 11. I hereby certify that the information supplied with this filling 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 signal use shall have the same legal effect as if made under path; that I am a managing member or manager of the  |   |  |                               |             |                             |  |   | _                           |                 |            |

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 M.

Sharon Christenbury, Vice President Authorized Person 3/4/04

Daytime Phone #