

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 30, 2006 8:00 am**  
**Secretary of State**

05-30-2006 90184 034 \*\*\*\*50.00

**DOCUMENT # L01000000007**

1. Entity Name  
**HARBOR EDGE, LLC**



Principal Place of Business  
**2 SOUTH BISCAYNE BLVD., SUITE 3400  
MIAMI, FL 33131**

Mailing Address  
**2 SOUTH BISCAYNE BLVD., SUITE 3400  
MIAMI, FL 33131**

**20046767**



**DO NOT WRITE IN THIS SPACE**

02152006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
**59-1702032**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**MARTIN, ANDREW  
1300 S.E. 17TH STREET  
SUITE 210  
FORT LAUDERDALE, FL 33316**

**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, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
CARBONELL, ANTONIO  
1300 SE 17TH ST., STE. 210  
FT LAUDERDALE, FL 33316**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:**

**ANTONIO  
CARBONELL**

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

Date

Daytime Phone #

**305-376  
4181**