


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 13, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L01000000590</b> 1. Entity Name HARBOUR TOWN INVESTMENTS J-444, LLC	
---	---

Principal Place of Business 1700 S. MACDILL AVE., STE 240 TAMPA, FL 33629	Mailing Address 1700 S. MACDILL AVE., STE 240 TAMPA, FL 33629
---	---

**DO NOT WRITE IN THIS SPACE**



01032005No Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3701167	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MCBRIDE, GORDON A  
1700 S. MACDILL AVE., STE 240  
TAMPA, FL 33629

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

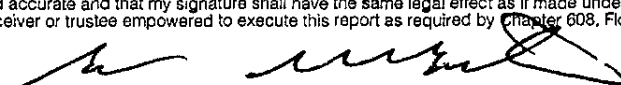
**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCBRIDE, GORDON A 1700 S. MACDILL AVE., STE 240 TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOUSHALL, FORREST J 1506 SOUTH ALBANY AVENUE TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RODRIGUEZ, JARED 1120 W PENINSULAR STREET TAMPA, FL 33603
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

100000180274  
01/13/05 80054-001 50.00

**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)(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.

**SIGNATURE:**  1/13/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #