## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT #L01000001569

1. Entity Name

HARBOUR DOCKS, L.L.C.



FILED Mar 20, 2006 08:00 AM Secretary of State

Principal Place of Business

C/O ROBERT HELLER 1906 HARBOURSIDE DR., UNIT 301 LONGBOAT KEY, FL 34228 Mailing Address

C/O ROBERT HELLER 1906 HARBOURSIDE DR., UNIT 301 LONGBOAT KEY, FL 34228



DO NOT WRITE IN THIS SPACE

02132006 No Chg-LLC GR2E083 (11/05)

4. FEI Number 65-1073725 Applied For Not Applicab

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HELLER, ROBERT 1906 HARBOURSIDE DR., UNIT 301 LONGBOAT KEY, FL 34228

## DO NOT WRITE IN THIS SPACE

5.	. 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 accep-
	the obligations of registered agent.	

SIGNATURE.

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

(NOTE: Registered Agent argnature required when remetating)

DATE

Filing Fee is \$50.00 Due by May 1, 2006

1800000475163 04/05/06-80004-018 50.00

MANAGING MEMBERS/MANAGERS S. SITLE MGR HELLER, ROBERT NAME 1906 HARBOURSIDE DR., UNIT 301 STREET ADDRESS CITY-ST-ZIP LONGBOAT KEY, FL 34228 TELLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

DO NOT WRITE
IN THIS SPACE

11. I hereby certify that the information supplied with this filling 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:

CITY+ST-ZIP

RE AND TYPED OR PRINTED NAME OF SIGNING MANAGING NEMBER OR AUTHORIZED REPRESENTATIVE

3/14/06

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