2007 LIMITED LIABILITY-COMPANY ANNUAL REPORT

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FILED Feb 12, 2007 08:00 A Secretary of State

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|---------------------------------------|---|---|----------------------------------|---|---|
| 1. Entity Name HARBOU | R DOCKS, L.L.C. | The second second | | \$60 a 3 5 5 5 5 | cretary of S |
| | | Mailing Address C/O ROBERT HELLER 1906 HARBOURSIDE DR., I LONGBOAT KEY, FL 3422 | JNIT 301 3 | | 8810) 1681 1881 8188 1888 1888 1888 |
| | | | | | |
| , | O NOT MOITE | | | 01092007 No Chg-LLC | CR2E083 (11/05) |
| U | O NOT WRITE | IN THIS SP | AUE | 4. FEI Number 65-1073725 | Applied For Not Applicable |
| · | •• | | Tr. | 5. Certificate of Status Desired | \$5.00 additional |
| · · · · · · · · · · · · · · · · · · · | 6. Name and Address of Current | Registered Agent | | | 5 £ 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| LONGBOA | BOURSIDE DR., UNIT 301 T KEY, FL 34228 | | | DO NOT WRI | ĊE |
| | named entity submits this statement for ions of registered agent. | r the purpose of changing its regi | stered office or registe | ered agent, or both, in the State of Florida. | I am familiar with, and accept |
| SIGNATURE. | Signature, typed or printed name of registered agent a | and title diapplicable (AIOTE Rec | stered Agent signature require | of when constaling) | DATE |
| | ling Fee is \$50.00 ue by May 1, 2007 | (NOTE hay | initia o Afia i sagnatura popula | a wron romagasy) | |
| 9. | MANAGING MEMBE | RS/MANAGERS | 9.5 | | |
| NAME STREET ADDRESS CITY-ST-ZIP | MGR HELLER, ROBERT 1906 HARBOURSIDE DR., UNIT LONGBOAT KEY, FL 34228 | 301 | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | 100 | 0000000 008+7070SXSO |)758)20-013 50:00 |
| TITLE NAME STREET ADORESS CITY-ST-ZIP | | | | DO NOT WR | i te |
| TITLE | | | | IN THIS CDA | |

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-employered to execute this report as required by Chapter 608, Florida Statutes.

| SIGNATURE: | Mille | 7907 | | |
|--|-------|------|-----------------|--|
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE | | Date | Daytimé Phone # | |
| | | | | |