

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 02, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L01000002586**

1. Entity Name  
HARBOR DEL RIO, L.L.C.



Principal Place of Business  
750 NORTH ATLANTIC AVENUE, SUITE 1209  
COCOA BEACH, FL 32931

Mailing Address  
750 NORTH ATLANTIC AVENUE, SUITE 1209  
COCOA BEACH, FL 32931



05012006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-1090819

Applied For  
Not Applicable

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

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

MOSLEY, CURTIS R  
1221 EAST NEW HAVEN AVENUE  
MELBOURNE, FL 32901

**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	MGRM
NAME	DANNY P. RINGDAHL ENTERPRISES, INC.
STREET ADDRESS	750 N. ATLANTIC AVE., SUITE 1209
CITY- ST- ZIP	COCOA BEACH, FL 32931
TITLE	MGRM
NAME	B.A.L., INC.
STREET ADDRESS	1475 PARADISE COURT
CITY- ST- ZIP	MERRITT ISLAND, FL 32952
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

000000559304  
05/17/06-80132-012 50.00

**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:** \_\_\_\_\_

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

5-1-06

Date

321-783-1373

Daytime Phone #