

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000004102

Entity Name: AMERICAN HARBOUR, LLC

FILED
Jan 03, 2007
Secretary of State

Current Principal Place of Business:

7575 DR PHILLIPS BLVD
STE 330
ORLANDO, FL 32819

New Principal Place of Business:

Current Mailing Address:

7575 DR PHILLIPS BLVD
STE 330
ORLANDO, FL 32819

New Mailing Address:

FEI Number: 59-3705333

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, TIMOTHY A
7575 DR. PHILLIPS BLVD.,
SUITE 330
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BEADSLEE, GREAGORY M
Address: 7575 DR PHILIPS BLVD., STE 330
City-St-Zip: ORLANDO, FL 32819

Title: MGRM () Delete
Name: HOEBBEL, ERIC J
Address: 7575 DR PHILIPS BLVD., STE 330
City-St-Zip: ORLANDO, FL 32819

Title: MGRM () Delete
Name: JONES, TIMOTHY A
Address: 7575 DR PHILIPS BLVD., STE 330
City-St-Zip: ORLANDO, FL 32819

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ERIC J. HOEBBEL

MGRM

01/03/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date