2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000004102

1. Entity Name

AMERICAN HARBOUR, LLC



Mar 10, 2003 8:00 am Secretary of State 03-10-2003 90025 013 ****50.00

FILED

Principal Place of Business

7575 DR PHILLIPS BLVD

STE 225 ORLANDO FL 32819 Mailing Address

7575 DR PHILLIPS BLVD

ORLANDO EL 32819

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2. Principal Place of Business			3. Mailing Address			-) <i> </i>					
7575 DR. ALILLIPS BLIA						T CANDING IN SECOND CONTRACTOR OF THE CONTRACTOR					
Suite, Apt. #, etc.			Suite, Apt. #, etc.			7	CHECK HERE IF	MAKING CHANGI	=9		
SUITE 330			SUITE 330			_	or more recent a	TO THE CONTRACT	_0		
ORLANDO FL			City & State			4. FEI Nun	^{1ber} 59-3705333	— —	Applied For Not Applicable		
32 <i>8</i>	19	Country US A	Zip	Coun	try	5. Certifica	ite of Status Desired	□ \$5.00 A	Additional		
		and Address of Current Re	gistered Agent	istered Agent		7. Name a	7. Name and Address of New Registered Agent				
WOODS, JONATHAN D ESQ.					Name WOODS, TONATHAN D. ESD						
							P.O. Box Number is Not Acceptable)				
15 WEST CHURCH STREET SUITE 201 ORLANDO FL 32801			425			(F.O. BOX NOD	PLONIAL	1/2			
Ont	MINDO LE 3	2001	i		سر					┪	
		•	Suite				<u> </u>			╛	
			y 		OBRLA	NDO		FL Z	ነ ያለፈ	-	
8. The above	named entity	submits this statement for the	e purpose of changing its r	egistere	d office or registe	red agent, or b	oth, in the State of Floric	مــــــــــــــــــــــــــــــــــــ	h, and accept	┨	
ine obliga	tions of registe	ered agent.							,	1	
SIGNATURE	Cianah h d										
	Signature, typed o	or printed name of registered agent and t	title if applicable. (NOTE:	Registered	Agent signature require	d when reinstating)		DATE		╛	
			FILE NO	W!!! F	EE IS \$50.00						
•			Make Check Payable to Florida Departmen			ent of State				ļ	
			Due	Ву Ма	y 1, 2003	†					
9.		MANAGING MEMBERS	/MANAGERS	10.	<u>.</u>		ADDITIONS/CH	HANGES		\dashv	
TITLE	MGRM		☐ Delete	TITLE		·	7.007110110701	Change	Addition	٦,	
NAME	BEADSLEE	, Greagory M		NAME	I			Lig Change			
STREET ADDRESS	7575 DR P	PHILIPS BLVD STE 225		STREE	T ADDRESS			A	2		
CITY-ST-ZIP	ORLANDO	FL 32819		CITY-	ST-ZIP			50114	330		
TITLE	MGRM		☐ Delete	TITLE				Change	Addition	የ	
NAME	HOEBBEL,			NAME						19	
STREET ADDRESS		7575 DR PHILLIPS BLVD STE 225		STREET ADDRESS				SUITE	227		
C/TY-ST-ZIP	ORLANDO	FL 32819		CITY-	ST-ZIP			80110	200	1	
TITLE	MGRM	-	☐ Delete	TITLE				Change	☐ Addition	1	
NAME		Y, MARK'S		NAME	- ~			-		Ì	
STREET ADDRESS		HILLIPS BLVD., STE 225		STREE	T ADDRESS			CUITE	330	1	
CITY-ST-ZIP	ORLANDO	FL 32819		CITY-:	ST-ZIP						
TITLE	MGRM		☐ Delete	TITLE	1			Change	Addition	1	
NAME	JONES, TI			NAME							
STREET ADDRESS CITY-ST-ZIP		HILLIPS BLVD STE 225		1	T ADDRESS			SUITE	330	}	
	ORLANDO	FL 32819		CITY-S	ST-ZIP	,				j	
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STREET ADDRESS DTY-ST-ZIP			STREET ADDRESS CITY's ST-ZIP						ĺ		
				0113.5	11-516					1	

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 by 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 trusted by powered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: