

FILED
Jun 10, 2002 8:00 am
Secretary of State

05-12-2002 90580 048 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000005326

1. Entity Name
HARBORSIDE, L.L.C.

Principal Place of Business
400 FRANDORSON CIRCLE
SUITE 204
APOLLO BEACH FL 33572

Mailing Address
400 FRANDORSON CIRCLE
SUITE 204
APOLLO BEACH FL 33572

2. Principal Place of Business #1
1003 Apollo Beach Blvd.
Suite, Apt. #, etc.
Apollo Beach, FL 33572
City & State
Apollo Beach, FL
Zip
33572
Country
USA

3. Mailing Address #1
1003 Apollo Beach Blvd.
Suite, Apt. #, etc.
Apollo Beach, FL 33572
City & State
Apollo Beach, FL
Zip
33572
Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3746017
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HOLDSWORTH, JOHN W
400 FRANDORSON CIRCLE
SUITE 204
APOLLO BEACH FL 33572

7. Name and Address of New Registered Agent

Name
John W. Holdsworth
Street Address (P.O. Box Number is Not Acceptable)
930 Allegro Lane
City
Apollo Beach FL Zip Code
33572

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.

SIGNATURE *John W. Holdsworth*

4-27-02

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS / MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	John W. Holdsworth - managing member <input type="checkbox"/> Delete 930 Allegro Lane Apollo Beach, FL 33572
TITLE NAME STREET ADDRESS CITY-ST-ZIP	member <input type="checkbox"/> Delete Dr + Mrs. Sewa Joshi 1007 Apollo Beach Blvd. #3 Apollo Bch. FL 33572 member
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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: *John W. Holdsworth* *John W. Holdsworth* 4-18-02 813-645-0146
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)