

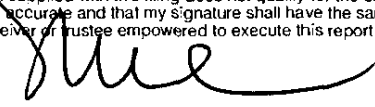


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 12, 2004 8:00 am**  
**Secretary of State**

03-12-2004 90227 016 \*\*\*\*50.00

<b>DOCUMENT # L01000005593</b>					
<b>1. Entity Name</b> MN HARBORAGE, LLC					
<b>Principal Place of Business</b> 1408 WEST LAKE DR. FT LAUDERDALE, FL 33316			<b>Mailing Address</b> 1408 WEST LAKE DR. FT LAUDERDALE, FL 33316		
<b>2. Principal Place of Business</b> 2531 DEL LAGO DR Suite, Apt. #, etc.		<b>3. Mailing Address</b> 2531 DEL LAGO DR Suite, Apt. #, etc.			
<b>City &amp; State</b> FT. LAUDERDALE FL		<b>City &amp; State</b> FT. LAUDERDALE FL		<b>4. FEI Number</b> 65-1094723	
<b>Zip</b> 33316		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> NUNEZ, MIKE 1408 WEST LAKE DRIVE FORT LAUDERDALE, FL 33316 2531 DEL LAGO DR. FT. LAUDERDALE FL 33316				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>				<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NUNEZ, MIKE 1408 WEST LAKE DRIVE FORT LAUDERDALE, FL 33316	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2531 DEL LAGO DR FT. LAUDERDALE FL 33316 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> 			2/20/04 305 948 1288		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		