LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 22, 2003 8:00 am
Secretary of State
08-22-2003 90075 017 ****50.00

DOCUMENT # L01000008518

1. Entity Name

HARBOR EDGE JOINT VENTURE LC

90152231

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address -
1300 S.W. 17th Street	1300 S.W. 17th Street
Suite, Apt. #, etc.: Suite 210	Suite, Apt. #, etc.: Suite 210
City & State: Ft. Lauderdale, Florida	City & State: Ft. Lauderdale, Florida
Zip: 33316 Country: USA	Zip: 33316 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 52-1506669 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Valdes-Fauli Corporate Services, Inc.

Street Address (P.O. Box Number is Not Acceptable): 2 South Biscayne Boulevard, Suite 3400

City: Miami **FL** Zip Code: 33131

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Carbonell, Antonio 1300 S.E. 17th Street, Ste 210 Ft. Lauderdale, Florida 33316
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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: Antonio Carbonell 8/5/03 954-467-3351
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #