2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000019443

1. Entity Name
HARBOR HOMES, L.L.C.

FILED

03 JUL 24 PM 3: 54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1575 WORLEY AVE MERRITT ISLAND, FL 32952	1575 WORLEY AVE MERRITT ISLAND, FL 32952

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3761244 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
B&C CORPORATE SERVICES OF CENTRAL FLORIDA, 390 NORTH ORANGE AVENUE, SUITE 1100 ORLANDO, FL 32801	Name Street Address (P.O. Box Number is Not Acceptable) City _____ **FL** Zip Code

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 _____

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

Make Checks Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE **MGR** NAME **MCPHILLIPS, MIKE** STREET ADDRESS **1575 WORLEY AVE** CITY-ST-ZIP **MERRITT ISLAND, FL 32952**	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **MGR** NAME **MCPHILLIPS, CHERYL** STREET ADDRESS **1575 WORLEY AVE** CITY-ST-ZIP **MERRITT ISLAND, FL 32952**	☐ Delete	TITLE NAME STREET ADDRESS 1000217695S1 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (10/02)

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: *Michael McPhillips*   7/23/03   321-591-5673

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #

L01000019443

ACCOUNT NO. : 072100000032

REFERENCE : 181169   82015A

AUTHORIZATION : *Patricia Pizzuto*

COST LIMIT : $ 55.00

ORDER DATE : July 24, 2003

ORDER TIME : 11:39 AM

ORDER NO. : 181169-005

CUSTOMER NO: 82015A

CUSTOMER: Ms. Beth Maynes
           The Heritage Companies
           Suite 115
           5505 North Atlantic Avenue
           Cocoa Beach, FL 32931

ANNUAL REPORT FILING

⌐ BK

NAME: HARBOR HOMES, L.L.C.

XX___ ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX_____ PLAIN STAMPED COPY
XX_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight-EXT#1156

EXAMINER'S INITIALS: _____