


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90012 028 \*\*\*\*50.00

<b>DOCUMENT # L02000001464</b> 1. Entity Name <b>HARBOR RETIREMENT ASSOCIATES, LLC</b>	
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Principal Place of Business <b>1701 HWY A1A, SUITE 304 VERO BEACH, FL 32963</b>	Mailing Address <b>1701 HWY A1A, SUITE 304 VERO BEACH, FL 32963</b>
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01052004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**04-3585453**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**SMICK, TIMOTHY  
225 OSPREY CT  
VERO BEACH, FL 32963**

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$50.00  
Due by May 1, 2004**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	P
NAME	SMICK, TIMOTHY S
STREET ADDRESS	1701 HWY A1A, SUITE 304
CITY-ST-ZIP	VERO BEACH, FL 32963
TITLE	V
NAME	SIMMONS, DANIEL L
STREET ADDRESS	1701 HWY A1A, SUITE 304
CITY-ST-ZIP	VERO BEACH, FL 32963
TITLE	VCFP
NAME	MILLS, ZACHARY A
STREET ADDRESS	1701 HWY A1A, SUITE 304
CITY-ST-ZIP	VERO BEACH, FL 32963
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/23/04

772-492-5002