

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90046 024 ****50.00

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01112005 Chg-LLC CR2E083 (10/03)

DOCUMENT # L02000001464 1. Entity Name HARBOR RETIREMENT ASSOCIATES, LLC					
Principal Place of Business 1701 HWY A1A, SUITE 304 VERO BEACH, FL 32963				Mailing Address 1701 HWY A1A, SUITE 304 VERO BEACH, FL 32963	
2. Principal Place of Business 1440 Highway A1A Suite, Apt. #, etc. 00000		3. Mailing Address 1440 Highway A1A Suite, Apt. #, etc. 00000			
City & State VERO BEACH, FL Zip 32963		City & State VERO BEACH FL Zip 32963		4. FEI Number 04-3585453	
Country USA		Country USA		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent F&L CORP. THE GREENLEAF BUILDING, THIRD FLOOR 200 LAURA STREET JACKSONVILLE, FL 32201	
7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMICK, TIMOTHY S 1701 HWY A1A, SUITE 304 VERO BEACH, FL 32963	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SIMMONS, DANIEL L 1701 HWY A1A, SUITE 304 VERO BEACH, FL 32963	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCP AILLS, ZACHARY A 1701 HWY A1A, SUITE 304 VERO BEACH, FL 32963	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete			
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: <u><i>Timothy S. Smick</i></u> 3/22/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					