

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000001464

FILED  
Apr 01, 2009  
Secretary of State

Entity Name: HARBOR RETIREMENT ASSOCIATES, LLC

**Current Principal Place of Business:**

1440 HIGHWAY A1A  
VERO BEACH, FL 32963

**New Principal Place of Business:**

**Current Mailing Address:**

1440 HIGHWAY A1A  
VERO BEACH, FL 32963

**New Mailing Address:**

FEI Number: 04-3585453

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

F&L CORP.  
ONE INDEPENDENT DRIVE, SUITE 1300  
JACKSONVILLE, FL 32202 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: P ( ) Delete  
Name: SMICK, TIMOTHY S  
Address: 1440 HIGHWAY A1A  
City-St-Zip: VERO BEACH, FL 32963

Title: S ( ) Delete  
Name: SIMMONS, DANIEL L  
Address: 1440 HIGHWAY A1A  
City-St-Zip: VERO BEACH, FL 32963

Title: T ( ) Delete  
Name: WILLIAMS, JOAN T  
Address: 1440 HIGHWAY A1A  
City-St-Zip: VERO BEACH, FL 32963

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOAN T WILLIAMS

T

04/01/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date