FILED
03 APR 28 AM 8:29
SECRETARY OF STATE
TALLAHASSEE FLORIDA

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000001464

1. Entity Name
HARBOR RETIREMENT ASSOCIATES, LLC

Principal Place of Business	Mailing Address
225 OSPREY CT VERO BEACH, FL 32963	225 OSPREY CT VERO BEACH, FL 32963

MJH

4/28 ☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
1701 HWY. A1A	1701 HWY A1A
Suite, Apt. #, etc. SUITE 304	Suite, Apt. #, etc. SUITE 304
City & State VERO-BEACH FL	City & State VERO BEACH FL
Zip 32963 Country INDIAN RIVER	Zip 32963 Country INDIAN RIVER

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	7. Name and Address of New Registered Agent
SMICK, TIMOTHY 225 OSPREY CT VERO BEACH, FL 32963	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when attesting)

FILING FEE IS $50.00
Make Check Payable to Florida Department of State
Due by May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT SMICK, TIMOTHY S. 1701 HWY A1A, SUITE 304 VERO BEACH, FL 32963 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 000017120091 04/28/03--01014--008 **5.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SIMMONS, DANIEL L. 1701 HWY A1A, SUITE 304 VERO BEACH, FL 32963 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP/CFO AILLS, ZACHARY A. 1701 HWY A1A, SUITE 304 VERO BEACH, FL 32963 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☑ Addition
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CR2E053 (1/02)

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 606, Florida Statutes.

SIGNATURE: Timothy S. Smick 4-23-2002 772-492-5002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

TIMOTHY S. SMICK