


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 11, 2007 8:00 am**  
**Secretary of State**

04-11-2007 90156 022 \*\*\*\*50.00

|  |  |  |   |   |  |
|--|--|--|---|---|--|
| <b>DOCUMENT # L02000010080</b><br>1. Entity Name<br><b>HARBOR FRONT PROPERTIES, LLC</b>  |  |  |   |    |  |
| Principal Place of Business<br><b>613 SW CAMDEN AVE<br/>STUART, FL 34994</b>   |  |  | Mailing Address<br><b>613 SW CAMDEN AVE<br/>STUART, FL 34994</b>  |   |  |
| 2. Principal Place of Business - No P.O. Box #<br><b>812 Colorado Ave</b>  |  | 3. Mailing Address<br><b>SAME</b>                            |   |   |  |
| Suite, Apt. #, etc.<br>  |  | Suite, Apt. #, etc.<br>                                      |   |   |  |
| City & State<br><b>Stuart, FL</b>  |  | City & State<br>   |   |   |  |
| Zip<br><b>34994</b>  |  | Country<br><b>USA</b>  |   | Zip<br>   |  |
| Country<br>  |  | Country<br>  |   |   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>KRAMER, ROBERT S<br/>853 SE MONTEREY COMMONS BLVD.<br/>STUART, FL 34996</b>  |  |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |   |  |
| 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.<br>SIGNATURE: <u><i>David L. Hunt</i></u><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |  |  |   |   |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2007</b>  |  | <b>Make check payable to<br/>Florida Department of State</b> |   |   |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |  |  | <b>10. ADDITIONS/CHANGES</b>  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>PROSPERITY DEVELOPMENT GROUP, INC.<br>613 SW CAMDEN AVE.<br>STUART, FL 34994 <div style="text-align: right;"><input type="checkbox"/> Delete</div> |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>812 Colorado Ave<br/>Stuart, FL 34994</b> <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div> |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <div style="text-align: right;"><input type="checkbox"/> Delete</div>  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <div style="text-align: right;"><input type="checkbox"/> Delete</div>  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <div style="text-align: right;"><input type="checkbox"/> Delete</div>  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <div style="text-align: right;"><input type="checkbox"/> Delete</div>  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <div style="text-align: right;"><input type="checkbox"/> Delete</div>  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>   |  |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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. |  |  |   |   |  |
| <b>SIGNATURE:</b> <u><i>David L. Hunt</i></u> <span style="float: right;"><u>4/5/07</u></span><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE (Date Daytime Phone #)</small>  |  |  |   |   |  |

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02212007 Chg-LLC CR2E083 (12/06)

4. FEI Number  
**75-3050257**  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required