


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90037 033 ***138.75

DOCUMENT # L02000010080 1. Entity Name ✓ HARBOR FRONT PROPERTIES, LLC					
Principal Place of Business 872 COLORADO AVE STUART, FL 34994			Mailing Address 872 COLORADO AVE STUART, FL 34994		
2. Principal Place of Business - No P.O. Box # 759 S. FEDERAL HIGHWAY		3. Mailing Address 759 S. FEDERAL HIGHWAY			
Suite, Apt. #, etc. SUITE 321		Suite, Apt. #, etc. SUITE 321			
City & State STUART, FL		City & State STUART, FL			
Zip 34994	Country USA	Zip 34994	Country USA	4. FEI Number 75-3050257	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent KRAMER, ROBERT S 853 SE MONTEREY COMMONS BLVD. STUART, FL 34996			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </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.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGRM <input checked="" type="checkbox"/> Delete	NAME PROSPERITY DEVELOPMENT GROUP, INC.		TITLE 759 S. FEDERAL HIGHWAY, SUITE 321 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME STUART, FL 34994	
STREET ADDRESS 872 COLORADO AVE	CITY-ST-ZIP STUART, FL 34994		STREET ADDRESS STUART, FL 34994		
CITY-ST-ZIP STUART, FL 34994	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.					
SIGNATURE: <i>David P. Guinta</i>			Date: <i>4/25/08</i> Daytime Phone #: <i>772-528-2693</i>		

60034718



03112008 Chg-LLC CR2E083 (12/06)