

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L02000010777

1. Entity Name
HARBOUR DEVELOPMENT, L.L.C.



Principal Place of Business
4635 RICHMOND ROAD #105
WARRENSVILLE HEIGHTS, OH 44128

Mailing Address
4635 RICHMOND ROAD #105
WARRENSVILLE HEIGHTS, OH 44128

FILED
Apr 11, 2005 08:00 AM
Secretary of State



03302005 No Chg-LLC

CR2E083 (10/03)

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4. FEI Number
81-0555319

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BOLANOS TRUXTON, P.A.
12800 UNIVERSITY DRIVE
SUITE 340
FT. MYERS, FL 33907

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2005

9. **MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	OFFENBERG, BERNIE
STREET ADDRESS	4635 RICHMOND ROAD #105
CITY - ST - ZIP	WARRENSVILLE HEIGHTS, OH 44128
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

000000299906
04/11/05-80129-009 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #