

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

DOCUMENT #L02000024337

1. Entity Name  
HARBOUR PROPERTYMANAGEMENT, LLC



Principal Place of Business  
4635 RICHMOND ROAD  
SUITE 105  
WARRENSVILLE, OH 44128 US

Mailing Address  
4635 RICHMOND ROAD  
SUITE 105  
WARRENSVILLE, OH 44128 US

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



03302005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
11-3706706

Applied For  
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WINESETT, RICHARD W  
2248 FIRST STREET  
FORT MYERS, FL 33901

**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, BERNARD D
STREET ADDRESS	4635 RICHMOND ROAD #105
CITY - ST - ZIP	WARRENSVILLE, OH 44128
TITLE	MGR
NAME	SIMON, SIDNEY
STREET ADDRESS	4635 RICHMOND RD #105
CITY - ST - ZIP	WARRENSVILLE HTS, OH 44128
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

000000299901  
04/11/05-80129-007 50.00

**DO NOT WRITE  
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)(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 of 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 #