

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000026605

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



Principal Place of Business
651 WEST 14TH STREET, STE. A
PANAMA CITY, FL 32401

Mailing Address
PO BOX 38
PANAMA CITY, FL 32401



04202004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
03-0486864

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BOYD, CECILIA R ESQ
BRYANT & HIGBY, CHARTERED
833 HARRISON AVE.
PANAMA CITY, FL 32401

**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, 2004**

000000128396

04/26/04-80036-017 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
WESTMAN, RONALD F
4653 E. HILLCREST DR.
BERRIEN SPRINGS, MI 49103

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
WILSON, DONALD L
54892 SUNSET DR.
DOWAGIAC, MI 49047

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

**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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____

Donald L Wilson Donald L Wilson

4/21/04

269-473-1221

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

Date

County Phone #