

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 03, 2006 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



01302006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
03-0486864

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

**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 (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGRM  
WESTMAN, RONALD F  
4425 THOMAS DR, PH-5  
PANAMA CITY BEACH, FL 32408

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

000000417956  
02/13/06-80077-008 50.00

**DO NOT WRITE  
IN THIS SPACE**

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:

*Don L Wilson*

*Don L Wilson, Manager*

*1/30/06*

*269-473-1221*

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

Date

Daytime Phone #