

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000033990

Entity Name: HARBOUR BEND, L.L.C.

FILED
Jul 26, 2006
Secretary of State

Current Principal Place of Business:

SR 434, 2901, 2909, 2917, 2933, 2925
HARBOUR BEND
ALTAMONTE SPRINGS, FL 32779

New Principal Place of Business:

Current Mailing Address:

2626 TRYON PL
WINDERMERE, FL 34786

New Mailing Address:

400 SADDLEWORTH PLACE
LAKE MARY, FL 32746

FEI Number: 59-2417305 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MEADOWS, DAVID
400 SADDLEWORTH PLACE
HEATHROW, FL 32746 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MEADOWS, DAVID
Address: 400 SADDLEWORTH PLACE
City-St-Zip: HEATHROW, FL 32746

Title: MGR () Delete
Name: LOCKE, JESSICA
Address: 2626 TRYON PL
City-St-Zip: WINDERMERE, FL 34786

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: LOCKE, JESSICA
Address: 11209 MCCAWE COURT
City-St-Zip: WINDERMERE, FL 34786

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DAVID MEADOWS

MGR

07/26/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date