


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000016678 1. Entity Name HARBOR ASSISTED LIVING, LLC	
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Principal Place of Business 1440 HIGHWAY A1A VERO BEACH, FL 32963	Mailing Address 1440 HIGHWAY A1A VERO BEACH, FL 32963
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DO NOT WRITE IN THIS SPACE



04072006 No Chg-LLC	CR2E083 (11/05)
4. FEI Number 20-0130605	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

F&L CORP.
ONE INDEPENDENT DRIVE
SUITE 1300
JACKSONVILLE, FL 32202

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

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

04/28/06-80018-021 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE	P
NAME	SMICK, TIMOTHY S
STREET ADDRESS	1440 HIGHWAY A1A
CITY - ST - ZIP	VERO BEACH, FL 32963
TITLE	VPS
NAME	SIMMONS, DANIEL L
STREET ADDRESS	1440 HIGHWAY A1A
CITY - ST - ZIP	VERO BEACH, FL 32963
TITLE	T
NAME	AILLS, ZACHARY A
STREET ADDRESS	1440 HIGHWAY A1A
CITY - ST - ZIP	VERO BEACH, FL 32963
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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: *Timothy S. Smick*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE _____ Date _____ Daytime Phone # _____