


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 23, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000025541</b> 1. Entity Name <b>HARBOR SPRINGS CONSTRUCTION AND DEVELOPMENT, LLC.</b>	
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Principal Place of Business <b>2216 PARKER AVE FT. MYERS, FL 33905</b>	Mailing Address <b>4115 SW 13TH AVE CAPE CORAL, FL 33914</b>
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DO NOT WRITE IN THIS SPACE



02092006No Chg-LLC

CR2E083 (11/05)

4. FEI Number <b>01-0791701</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	Not Applicable <input type="checkbox"/>
<b>\$5.00 Additional Fee Required</b>	

8. Name and Address of Current Registered Agent

**TRETWOLD, GREGORY L  
4115 SW 13TH AVE  
CAPE CORAL, FL 33914**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

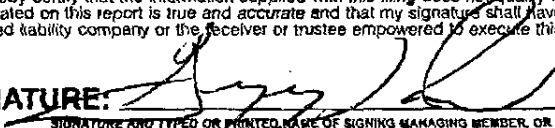
**Filing Fee is \$50.00  
Due by May 1, 2006**

1100000445054  
03/07/06-80028-001 55.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TRETWOLD, GREGORY L 4115 SW 13TH AVE CAPE CORAL, FL 33914
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KILLINGSWORTH, THOMAS 2216 PARKER AVE FT. MYERS, FL 33905
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:**  **Gregory L. Tretwold** 2/15/06 2394942028

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