2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

FILED Apr 07, 2005 08:00 AM Secretary of State

					Ataux At Stat
DOCUMENT # L03000030284 1. Entity Name 2003 HARVEY ROAD ASSOCIATES, L.L.C.				Secr	etary of State
Principal Plac	e of Business	Mailing Address	·—		
151 SAWGRASS CORNERS DRIVE, #202 151 SAWGRASS CORNERS DR PONTE VEDRA BEACH, FL 32082 PONTE VEDRA BEACH, FL 32			IVE, #202 082		
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r	A NOT WOIT	IN THIS COA	^ =	03302005 No Chg-LLC C	R2E083 (10/03)
DO NOT WRITE IN THIS SPA				4. FEI Number 20-0158111	Applied For Not Applicable
				5. Certificate of Status Desired	\$5.00 Additional Fee Required
	6. Name and Address of Curren	t Registered Agent			
FERBER, PAUL S			DO NOT WRITE		
151 SAWGRASS CORNERS DRIVE, #202 PONTE VEDRA BEACH, FL 32082				IN THIS SPACE	
		·		IN THIS STAT	JE .
		or the purpose of changing its registe	red office or register	red agent, or both, in the State of Florida.	I am familiar with, and accept
the obligat	ions of registered agent				
SIGNATURE.	Signature, typed or printed name of registered ages	if and title if applicable. (NOTE: Registe	red Agent signature required	t when reinstaling)	DATE
Fi D	iling Fee is \$50.00 ue by May 1, 2005				·
9.	MANAGING MEME	ERS/MANAGERS		Service and Control of	-
TITLE NAME	MGRM FERBER, PAUL S	,	· [_ ~	
STREET ADDRESS	151 SAWGRASS CORNERS D	RIVE, #202		esnonou un commones	12698
CITY - ST - ZIP	PONTE VEDRA BEACH, FL 32	082		04/97/05-80	2698 081-020 55.0 0
TITLE NAME				· · · · · · · · · · · · · · · · · · ·	
STREET ADDRESS			1		
CITY-ST-ZIP		 		:	
NAME			ľ		-
STREET ADDRESS CITY-ST-ZIP			J	DO NOT WR	ITE
TITLE		The second secon		IN THIS SPA	
NAME				IN THIS SPA	CE
STREET ADDRESS CITY-ST-ZIP					

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). 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: Sound 4 Nois Sonmi 4. Davis 4/5/05 904-255 7600 SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Dayline Phone #