

APR-14-2004 WED 09:50 AM FLEET, SPENCER ET AL

FAX NO.

FILED
May 12, 2004 8:00 am
Secretary of State

04-26-2004 90063 049 ***150.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000041941			
1. Entity Name HARBOR RESTAURANT GROUP, LLC			
Principal Place of Business 404 HIGHWAY 98 EAST DESTIN, FL 32540 US		Mailing Address P.O. BOX 819 DESTIN, FL 32540 US	
2. Principal Place of Business 414 HIGHWAY 98 EAST		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State DESTIN, FL		City & State	
Zip 32541	Country USA	Zip	Country
4. FEI Number 200383873		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent FLEET, H. BART 1104 EGLIN PARKWAY SHALIMAR, FL 32579		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		Zip Code	
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 fee if applicable. (NOTE: Registered Agent signature required when renewing)			
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALTAMURA, JAMES M 404 HIGHWAY 98 E DESTIN, FL 32540 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OWENS, PAUL D JR. P.O. BOX 1229 BREWTON, AL 36427 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 606, Florida Statutes.			
SIGNATURE:  JAMES M ALTAMURA		4/24/04 830 8377960	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	

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