

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90030 037 ****50.00

DOCUMENT# L03000042799

1. Entity Name
HARBOR AUBURN HILLS MANAGEMENT, LLC



Principal Place of Business
1440 HIGHWAY A1A
VERO BEACH, FL 32963

Mailing Address
1440 HIGHWAY A1A
VERO BEACH, FL 32963



04072006 No Chg-LLC

CR2E083 (11/05)

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4. FEI Number
20-0372295

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$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 _____

(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME DCP
SMICK, TIMOTHY S
STREET ADDRESS
1440 HIGHWAY A1A
CITY-ST-ZIP
VERO BEACH, FL 32963

TITLE
NAME DVPS
SIMMONS, DANIEL L
STREET ADDRESS
1440 HIGHWAY A1A
CITY-ST-ZIP
VERO BEACH, FL 32963

TITLE
NAME *AK* HILLS, 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

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #