

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000045755

FILED  
Aug 11, 2006  
Secretary of State

**Entity Name:** HARBOR VIEW LAND & TITLE, LLC

**Current Principal Place of Business:**

151 REGIONS WAY  
ONE - B  
DESTIN, FL 32541

**New Principal Place of Business:**

532 E. SHIPWRECK RD.  
SANTA ROSA BEACH, FL 32459

**Current Mailing Address:**

P.O. BOX 1804  
DESTIN, FL 32540

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

L. PAUL SIRMANS, P.A.  
151 REGIONS WAY  
ONE - B  
DESTIN, FL 32541 US

**Name and Address of New Registered Agent:**

L. PAUL SIRMANS, P.A.  
532 E. SHIPWRECK ROAD  
SANTA ROSA BEACH, FL 32459 US

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.

SIGNATURE: PAUL SIRMANS

08/11/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: L. PAUL SIRMANS, P.A. .  
Address: 151 REGIONS WAY, STE. 1 - B  
City-St-Zip: DESTIN, FL 32541

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: L. PAUL SIRMANS, P.A. .  
Address: 532 E. SHIPWRECK RD.  
City-St-Zip: SANTA ROSA BEACH, FL 32459

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: L. PAUL SIRMANS

MGMR

08/11/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date