2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 09, 2006
Secretary of State

DOCUMENT# L03000056684

Entity Name: HARBOUR MASON, LLC

Current Principal Place of Business:

1100 BARNETT DRIVE
SUITE #49
LAKE WORTH, FL 33461 US

New Principal Place of Business:

777 S. FLAGLER DRIVE
SUITE #800
WEST PALM BEACH, FL 33401

Current Mailing Address:

P.O. BOX 540164
LAKE WORTH, FL 334540164 US

New Mailing Address:

FEI Number: 20-0590043 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **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:

KNOWLES & KNOWLES, INC.
1100 BARNETT DRIVE
SUITE #49
LAKE WORTH, FL 33461 US

Name and Address of New Registered Agent:

KNOWLES & KNOWLES, INC.
777 S. FLAGLER DRIVE
SUITE #800
WEST PALM BEACH, FL 33401 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: LAVERIA KNOWLES 07/09/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: KNOWLES, LAVERIA A
Address: 1100 BARNETT DRIVE, SUITE #49
City-St-Zip: LAKE WORTH, FL 33461 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: KNOWLES, LAVERIA A
Address: 777 S. FLAGLER DRIVE
City-St-Zip: WEST PALM BEACH, FL 33461 US

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: LAVERIA KNOWLES MGMR 07/09/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date