

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**May 01, 2006 08:00 AM
Secretary of State**

DOCUMENT # L04000002282

**1. Entity Name
HARBOR VENICE MANAGEMENT, LLC**



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

**Mailing Address
1440 HIGHWAY A1A
VERO BEACH, FL 32963 US**

DO NOT WRITE IN THIS SPACE



04072006No Chg-LLC

CR2E083 (11/05)

**4. FEI Number
20-0663284**

**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**

**DO NOT WRITE
IN THIS SPACE**

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	MGR
NAME	HARBOR ASSISTED LIVING, LLC
STREET ADDRESS	1440 HIGHWAY A1A
CITY-ST-ZIP	VERO BEACH, FL 32963
TITLE	P
NAME	SMICK, TIMOTHY S
STREET ADDRESS	1440 HIGHWAY A1A
CITY-ST-ZIP	VERO BEACH, FL 32963
TITLE	S
NAME	SIMMONS, DANIEL L
STREET ADDRESS	1440 HIGHWAY A1A
CITY-ST-ZIP	VERO BEACH, FL 32963
TITLE	T
NAME	AILLS, 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	

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05/13/06-80045-015 50.00

**DO NOT WRITE
IN THIS SPACE**

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

Signature and typed or printed name of signing managing member, or authorized representative

Date

Daytime Phone #