

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000008154

1. Entity Name
HARBOR ISLANDS MARINA, LLC



Principal Place of Business
630 MAPLEWOOD DRIVE
100
JUPITER, FL 33458

Mailing Address
630 MAPLEWOOD DRIVE
100
JUPITER, FL 33458

FILED
Apr 17, 2007 08:00 AM
Secretary of State



04142007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-0718409

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

TAYLOR, WILLIAM E
630 MAPLEWOOD DRIVE
100
JUPITER, FL 33458

**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, 2007**

000000713113
04/26/07-80074-023 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
GRAZIOTTO, RAYMOND E
19651 N. RIVERSIDE DR
TEQUESTA, FL 33469

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SOLOMON, J.C. II
3176 CASSEEKEY ISLAND DR
JUPITER, FL 33477

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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 *William E Taylor* William E Taylor CFO

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

4-16-07 561-625-9443

Date

Daytime Phone #