

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000019903

1. Entity Name
HARBORAGE ON BRADEN RIVER I, LLC



Principal Place of Business

**8210 LAKEWOOD RANCH BOULEVARD
BRADENTON, FL 34202**

Mailing Address

**8210 LAKEWOOD RANCH BOULEVARD
BRADENTON, FL 34202**



03032006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HEIM, PRISCILLA
8210 LAKEWOOD RANCH BLVD.
BRADENTON, FL 34202**

**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
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
NEAL, PATRICK K
8210 LAKEWOOD RANCH BLVD
BRADENTON, FL 34202**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
SCHIER, JAMES R
8210 LAKEWOOD RANCH BLVD
BRADENTON, FL 34202**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
WEIDEMILLER, DALE E
8210 LAKEWOOD RANCH BLVD
BRADENTON, FL 34202**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000490133
04/18/06-80041-024 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 609, Florida Statutes.

SIGNATURE:

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

3/8/06

Date

9413281034

Daytime Phone #