

**.2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90015 044 ****50.00

DOCUMENT # L04000020612

1. Entity Name
HARBOUR PROFESSIONAL HOLDING LLC



Principal Place of Business ¹³⁵
2295 N.W. CORPORATE BLVD, STE 240
~~135~~
BOCA RATON, FL 33431

Mailing Address ¹³⁵
2295 N.W. CORPORATE BLVD, STE 240
~~135~~
BOCA RATON, FL 33431

DO NOT WRITE IN THIS SPACE



04102006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
42-1625589

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GRANET, LLOYD ESQ
LLOYD GRANET, P.A.
2295 N.W. CORPORATE BLVD, STE 235
BOCA RATON, FL 33431**

**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
LUPO, JACK
2295 NW CORP. BLVD. #135
BOCA RATON, FL 33431**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
JOHNS, JAMES
1151 NW 19 STREET
BOCA RATON, FL 33431**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
LUPO, LINDA
2295 NW CORP. BLVD. # 135
BOCA RATON, FL 33431**

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

Jack Lupo

4/11/06

(561) 994-2789

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

Date

Daytime Phone #