
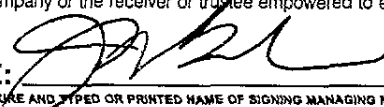


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Apr 24, 2006 08:00 AM
Secretary of State**

DOCUMENT # L04000021938		
1. Entity Name HARBOUR BEACH RESORT OWNERS MANAGEMENT GROUP, LLC		
Principal Place of Business 701 S. ATLANTIC AVE. SUITE 110 DAYTONA BEACH, FL 32118 US		Mailing Address 1115 SOUTHAMPTON DR. UNIT A PORT ORANGE, FL 32129 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent BECKER, JAMES H 1115 SOUTHAMPTON DR. UNIT A PORT ORANGE, FL 32129		
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 _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE _____		
Filing Fee is \$50.00 Due by May 1, 2006		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BECKER, JAMES H 1115 SOUTHAMPTON DR., UNIT A PORT ORANGE, FL 32129	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: 		Date 4/19/06 Daytime Phone 386-451-2494
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		



04192006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-0899327	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

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