

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

03-10-2005 90038 041 ****55.00

DOCUMENT # L04000022364

1. Entity Name
DARK HARBOR DEVELOPERS, LLC



Principal Place of Business
**540 WOOD CHASE DRIVE
ST. AUGUSTINE, FL 32086**

Mailing Address
**540 WOOD CHASE DRIVE
ST. AUGUSTINE, FL 32086**

30002962



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01272005 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number
202572888

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KAPLER, GEORGE
540 WOOD CHASE DRIVE
ST. AUGUSTINE, FL 32086**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
KAPLER, GEORGE
540 WOOD CHASE DRIVE
ST. AUGUSTINE, FL 32086** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
CRAWFORD, JOHN DAVID
1896 SALT MYRTLE LANE
ORANGE PARK, FL 32003** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
Sunbeam Road Inc.
1896 Salt Myrtle Lane
Orange Park, FL 32003** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF BOARDING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3/3/05