

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000036691

1. Entity Name
HARBORVIEW LAND GROUP, LLC



Principal Place of Business
255 ALHAMBRA CIR, STE 325
CORAL GABLES, FL 33134

Mailing Address
255 ALHAMBRA CIR, STE 325
CORAL GABLES, FL 33134



04152008 No Chg-LLC

CR2E083 (12/07)

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

FERTIG, JAY C
255 ALHAMBRA CIR, STE 325
CORAL GABLES, FL 33134

**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 _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR FERTIG, JAY 255 ALHAMBRA CIRCLE, SUITE 325 CORAL GABLES, FL 33134
--	--

TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR MACNAIR, CHRISTOPHER 255 ALHAMBRA CIR STE 325 MIAMI, FL 33134
--	--

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	
--	--

05/19/08-80006-010 138.75

**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 _____

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

Date

Daytime Phone #

Jay C. Fertig

4/25/08

(305) 445-6161