

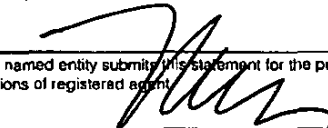
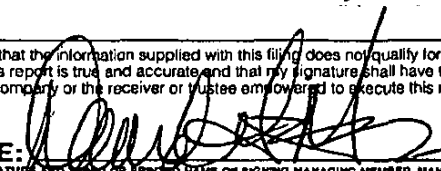


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 11, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90046 036 \*\*\*\*50.00

<b>DOCUMENT # L04000044983</b> 1. Entity Name <b>HARBOR ISLAND HOLDINGS, LLC</b>					
Principal Place of Business <b>11140 - 7TH STREET EAST TREASURE ISLAND, FL 33706 US</b>			Mailing Address <b>11140 - 7TH STREET EAST TREASURE ISLAND, FL 33706 US</b>		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip      Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip      Country		<b>30010019</b> 	
4. FEI Number <b>20-1252511</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				04282005    Chg-LLC    CR2E083 (10/03)	
6. Name and Address of Current Registered Agent  <b>DOLAN, MARK R ESQ. 412 EAST MADISON STREET SUITE 1000 TAMPA, FL 33602</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>2852 20th Ave North</b> City <b>St. Petersburg</b> FL    Zip Code <b>33713</b>		
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 reissuing)      DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARSHLACK, DAVID G 11140 - 7TH STREET EAST TREASURE ISLAND, FL 33706	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 				Date <b>7/25/05</b> Daytime Phone # <b>813 237 2244</b>	