## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Jan 19, 2007 8:00 am Secretary of State 01-19-2007 90132 025 \*\*\*\*55.00

DOCUMENT # L0400050279					01-19-2007 90132 025 ****55.00			
1. Entity Name HARBOR COMMERCIAL CENTER, LLC								
				-v				
Principal Plac 5555 U.S. HI VERO BEACH	IGHWAY 1, SUITE #1	Mailing Address 1111 7TH AVENUE VERO BEACH, FL. 32960		Channe I	60004152			
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address 5555 US Highway						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01122007	Chg-LLC	CR2E083 (12/06)		
City & State		City & State Vero Beach FL		4. FEI Numb 20-133		— <del>— —</del>	oplied For ot Applicable	
Zip	Country	Zip 32967	Country	5. Certificate	e of Status Desired	\$5.00 Add Fee Require	ditional d	
<u>-</u> -	6. Name and Address of Current F	Registered Agent	Name	7. Name an	d Address of New R	egistered Agent		
	ONALD E OWNER		Street Addr	ress (P.O. Box Numb	per is Not Acceptable	n		
1111 7TH VERO BE/	AVENUE ACH, FL 32960		555		Hahwar	ζ.1		
			City			FI Zi <u>p Co</u> d		
			· · · · · · · · · · · · · · · · · · ·	n Beac		16 52	967	
	named entity submits this statement for lions of registered agent.	the purpose of changing it	s registered office or re	gistered agent, or b	oth, in the State of Flo	orida. 1 am familiar with,	and accept	
SIGNATURE	Signature, typed or printed name of registered agent a	od titla if applicable (NO	TE: Registered Agent signature n	raquited when receptation		DATE		
Fi D	iling Fee is \$50.00 ue by May 1, 2007		, , , , ,		e check payable to Department of Stat	e		
9.	MANAGING MEMBE	RS/MANAGERS	10.		ADDITIONS/	CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR MEEKS, RONALD E OWNER 1111 7TH AVENUE VERO BEACH, FL 32900	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE . NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
indicatéd	certify that the information supplied with the information supplied with the company of the receiver or trusted the company of the comp	that my signature shall have	e the same legal effect a	as if made under oa Chapter 608, Florida	th; that I am a manac		er of the	
	UKE 11 VV 1	<b>*</b>				Daytime Phone #		