

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90046 033 ****50.00

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DOCUMENT # L04000055190 1. Entity Name HARBOR VERO MANAGEMENT, LLC			
Principal Place of Business 1440 HIGHWAY A1A VERO BEACH, FL 32963 US		Mailing Address 1440 HIGHWAY A1A VERO BEACH, FL 32963 US	
2. Principal Place of Business 1440 Highway A1A Suite, Apt. #, etc.		3. Mailing Address 1440 Highway A1A Suite, Apt. #, etc.	
City & State Vero Beach, FL Zip 32963 Country USA		City & State Vero Beach, FL Zip 32963 Country USA	
4. FEI Number 20-2624656		☒ Applied For ☐ Not Applicable	
5. Certificate of Status Desired. ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent F&L CORP. ONE INDEPENDENT DRIVE SUITE 1300 JACKSONVILLE, FL 32202		7. Name and Address of New Registered Agent 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 _____ (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	MGR HARBOR ASSISTED LIVING, LLC 1440 HIGHWAY A1A VERO BEACH, FL 32963	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES SMICK, TIMOTHY S 1440 Highway A1A VERO BEACH FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC SIMMONS, DANIEL L. 1440 Highway A1A Vero Beach, FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treas Aills, ZACHARY A 1440 Highway A1A Vero Beach, FL 32963
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
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:		3/24/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #	