2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 20, 2005 8:00 am
Secretary of State

04-22-2005 90051 046 ****50.00

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01252005 Chg-LLC CR2E083 (10/03)

DOCUMENT # L04000057974

1. Entity Name
HARBOURAGE 902, LLC

Principal Place of Business	Mailing Address
209 NORTH BIRCH ROAD, #802 FORT LAUDERDALE, FL 33304	209 NORTH BIRCH ROAD, #802 FORT LAUDERDALE, FL 33304

2. Principal Place of Business		3. Mailing Address	
2001 SW 20 Street		2001 SW 20 Street	
Suite, Apt. #, etc. Suite 102		Suite, Apt. #, etc. Suite 102	
City & State Fort Lauderdale, Fl		City & State Fort Lauderdale, Fl	
Zip 33315	Country Broward	Zip 33315	Country Broward

4. FEI Number 74-3132985 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PASSEN, DR. SELVIN
2001 S.W. 20TH STREET
FORT LAUDERDALE, FL 33315

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 ______
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 PASSEN, DR. SELVIN 209 NORTH BIRCH ROAD, #802 FORT LAUDERDALE, FL 33304	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ATALIOTIS, Suzanne 2001 SW 20 St. Ste 102 Fort Lauderdale, Fl 33315	☐ 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
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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: ______
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #