

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90016 014 ****50.00

DOCUMENT # L04000058995

1. Entity Name
HARBORVIEW HOLDINGS, LLC



Principal Place of Business Mailing Address
~~30 SOUTH SHORE DRIVE~~ ~~30 SOUTH SHORE DRIVE~~
~~DESTIN, FL 32550 US~~ ~~DESTIN, FL 32550 US~~

20047558



2. Principal Place of Business 3. Mailing Address
543 Harbor Blvd. 543 Harbor Blvd.
Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 501 Suite 501

04182005 Chg-LLC CR2E083 (10/03)

City & State City & State
Destin, FL Destin, FL
Zip Country Zip Country
32541 USA 32541 USA

4. FEI Number 36-4561106 Applied For Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

~~BOSWELL, CHRIS~~
~~30 SOUTH SHORE DRIVE~~
~~DESTIN, FL 32550~~

7. Name and Address of New Registered Agent

Name
Cadenhead Law Firm
Street Address (P.O. Box Number is Not Acceptable)
543 Harbor Blvd., Ste. 501
City Destin, FL Zip Code 32541

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 Cadenhead Law Firm FOR CADENHEAD LAW FIRM 04/18/05
Signature, typed or printed name of registered agent and title (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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CADENHEAD, CHRIS 30 SOUTH SHORE DRIVE DESTIN, FL 32550	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ROGERS, WAYNE 11828 LAGRANGE AVE. LOS ANGELES, CA 90025	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ANCHORS, LARRY 30 SOUTH SHORE DRIVE DESTIN, FL 32550	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Cadenhead, Chris 543 Harbor Blvd., Ste. 501 Destin, FL 32541	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Anchors, Larry 543 Harbor Blvd., Ste. 501 Destin, FL 32541	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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: Chris Cadenhead 04/18/05 (850) 837-5509
Signature, typed or printed name of signing managing member, manager, or authorized representative Date Daytime Phone #