2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 20, 2005 8:00 am
Secretary of State
04-26-2005 90016 016 ****50.00

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DOCUMENT # L04000059038

1. Entity Name
HARBORVIEW MORTGAGE, LLC

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

04142005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
543 Harbor Blvd #501	543 Harbor Blvd #501
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Destin FL	City & State: Destin FL
Zip: 32541 Country:	Zip: 32541 Country:

4. FEI Number 71-0972301 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BOSWELL, CHRISTOPHER 30 SOUTH SHORE DRIVE DESTIN, FL 32550	Name Street Address (P.O. Box Number is Not Acceptable): 543 Harbor Blvd #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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 HARBORVIEW HOLDINGS, LLC 30 SOUTH SHORE DRIVE DESTIN, FL 32550	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Chris Cadenhead 543 Harbor Blvd #501 Destin FL 32541	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Randy Branham 543 Harbor Blvd #501 Destin FL 32541	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Gail Dawson 543 Harbor Blvd #501 Destin FL 32541	☐ 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

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: Gail Dawson 4/21/05 850-837-5505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #