

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90311 043 ****50.00

DOCUMENT # L04 000063479
1. Entity Name

690 HARBOR LANE LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2655 LEJEUNE ROAD, SUITE 323 Suite, Apt. #, etc	3. Mailing Address 2655 LEJEUNE ROAD, SUITE 323 Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State CORAL GABLES, FL	City & State CORAL GABLES, FL	4. FEI Number 20-1704985	Applied For Not Applicable
Zip 33134	Country USA	Zip 33134	Country USA
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
LAPLANA, LUIS
Street Address (P.O. Box Number is Not Acceptable)
2655 LEJEUNE ROAD, SUITE 323

City CORAL GABLES	FL	Zip Code 33134
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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.

DATE

FE-1505000
May 4, 2007
DUE BY MAY

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LAPLANA, LUIS 2655 LEJEUNE ROAD, SUITE 323 CORAL GABLES, FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LAPLANA RAFAEL 2655 LEJEUNE ROAD, SUITE 323 CORAL GABLES, FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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:

CPA

5/1/2007

954-474-8889

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/02)