

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 23, 2006 8:00 am
Secretary of State

05-23-2006 90054 011 ***150.00

DOCUMENT # L04000067384

1. Entity Name

HARBOR HOUSE ENTERPRISES, LLC



Principal Place of Business

1090 CORAL WAY
SINGER ISLAND FL 33404

Mailing Address

1090 CORAL WAY
SINGER ISLAND FL 33404

2. Principal Place of Business

3. Mailing Address

2626 Lake Dr
Suite, Apt. #, etc.
105

Suite, Apt. #, etc.

City & State

City & State
Singer Island, FL

Zip

Country

Zip

33404

Country

USA

1st MOORE

CR2E083 (10/05)

4. FEI Number

20-1614063

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

POSNER, MICHAEL J ESQ
4420 BEACON CIRCLE STE. 100
WEST PALM BEACH FL 33407

7. Name and Address of New Registered Agent

Name Darlene Hudson
Street Address (P.O. Box Number is Not Acceptable)
2626 Lake Dr
Suite 105
City Singer Island FL Zip Code 33404

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State.
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME HUDSON, DARLENE D
STREET ADDRESS 1090 CORAL WAY
CITY-ST-ZIP SINGER ISLAND FL 33404

TITLE MGR ☐ Delete
NAME CRAWFORD, KIM C
STREET ADDRESS 1090 CORAL WAY
CITY-ST-ZIP SINGER ISLAND FL 33404

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 #

Darlene Hudson, MGR 5/1/06 561 863 0522