

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 07, 2007 8:00 am
Secretary of State

02-07-2007 90114 044 ****50.00

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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

DO NOT WRITE IN THIS SPACE



01232007 No Chg-LLC

CR2E083 (11/05)

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

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IN THIS SPACE**

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, 2007**

9. MANAGING MEMBERS/MANAGERS

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

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

TITLE
NAME 2626 Lake Drive
STREET ADDRESS Singer Island, FL 33404
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Kim C Crawford

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

Date

Daytime Phone #