2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 16, 2005
Secretary of State

DOCUMENT# L04000079197

Entity Name: HARBOUR RISK MANAGEMENT, LLC

Current Principal Place of Business:

1755 HURRICANE HARBOUR LANE
NAPLES, FL 34102 US

New Principal Place of Business:

801 ANCHOR RODE DRIVE
103
NAPLES, FL 34103 US

Current Mailing Address:

1755 HURRICANE HARBOUR LANE
NAPLES, FL 34102 US

New Mailing Address:

801 ANCHOR RODE
NAPLES, FL 34103 US

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

COLEMAN, KEVIN G ESQ
4001 TAMIAMI TRAIL N.
SUITE 300
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: KASTROL, WILLIAM H
Address: 1755 HURRICANE HARBOUR LANE
City-St-Zip: NAPLES, FL 34102 US

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: KASTROL, WILLIAM H
Address: 801 ANCHOR RODE DRIVE
City-St-Zip: NAPLES, FL 34103 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: WILLIAM KASTROL MGR 06/16/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date