


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000079197

1. Entity Name
HARBOUR RISK MANAGEMENT, LLC



Principal Place of Business
**801 ANCHOR RODE DRIVE
103
NAPLES, FL 34103 US**

Mailing Address
**801 ANCHOR RODE
NAPLES, FL 34103 US**

DO NOT WRITE IN THIS SPACE



04202006 No Chg-LLC CR2E083 (11/05)

4. FEI Number
NOT APPLICABLE Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**COLEMAN, KEVIN G ESQ
4001 TAMiami TRAIL N.
SUITE 300
NAPLES, FL 34103**

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KASTROL, WILLIAM H 801 ANCHOR RODE DRIVE NAPLES, FL 34103
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05/12/06-80011-001 50.00

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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE W. Kastrol 4/28/06 **WILLIAM H. KASTROL** 4/28/06 (239) 354-4053

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #