

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 22, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000005524

1. Entity Name
HARBOUR ISLAND EQUITY INVESTMENTS, LLC



Principal Place of Business
**1710 CHALLEN AVE
JACKSONVILLE, FL 32205**

Mailing Address
**1710 CHALLEN AVE
JACKSONVILLE, FL 32205**



01142008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2190164

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MCCLARY, GLEN
201 NORTH HOGAN STREET
SUITE 400
JACKSONVILLE, FL 32202**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

| | |
|----------------|----------------------------------|
| TITLE | MGR |
| NAME | MCCLARY, GLEN |
| STREET ADDRESS | 1710 CHALLEN AVE |
| CITY-ST-ZIP | JACKSONVILLE, FL 32205 |
| TITLE | MGR |
| NAME | COSGROVE, WILLIAM J TRUSTEE |
| STREET ADDRESS | 1710 CHALLEN AVE |
| CITY-ST-ZIP | JACKSONVILLE, FL 32205 |
| TITLE | MGR |
| NAME | BROWN, CHRIS |
| STREET ADDRESS | 1710 CHALLEN AVE |
| CITY-ST-ZIP | JACKSONVILLE, FL 32205 |
| TITLE | MGR |
| NAME | NASSER, JACQUES |
| STREET ADDRESS | 1710 CHALLEN AVE |
| CITY-ST-ZIP | JACKSONVILLE, FL 32205 |
| TITLE | MGR |
| NAME | SPRINGFIELD BROWN PROPERTIES, LP |
| STREET ADDRESS | 1710 CHALLEN AVE |
| CITY-ST-ZIP | JACKSONVILLE, FL 32205 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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01/23/08-80048-015,138.75

**DO NOT WRITE
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 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, OR AUTHORIZED REPRESENTATIVE

1-18-08

Date

904753-6241

Daytime Phone #