

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 08, 2007 8:00 am
Secretary of State

01-08-2007 90206 025 ****50.00

DOCUMENT # L05000014343

1. Entity Name
HARBOUR DEVELOPMENT GROUP LLC



Principal Place of Business
**470 WHITE POND DR.
SUITE 200
AKRON, OH 44320**

Mailing Address
**470 WHITE POND DR.
SUITE 200
AKRON, OH 44320**



01042007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2315913

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HARRISON, WILLIAM G JR
101 HARRISON AVENUE
PANAMA CITY, FL 32401**

**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 _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
CALVERT, KEITH D
344 BROOKS STREET
FT WALTON BEACH, FL 32548**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
MOSLEY, GERALD J JR
344 BROOKS STREET
FT WALTON BEACH, FL 32548**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
BERENTZ, CRAIG N
344 BROOKS STREET
FT WALTON BEACH, FL 32548**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**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

1-5-07

Date

330-633-2331

Daytime Phone #

Gerald J. Mosley, Managing Member