

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90151 039 ***138.75

DOCUMENT # L05000014343	
1. Entity Name HARBOUR DEVELOPMENT GROUP LLC	

Principal Place of Business 470 WHITE POND DR. 165 Waterford Ct SUITE 200 AKRON, OH 44320 Tallmadge OH 44278	Mailing Address 165 WATERFORD CT TALLMADGE, OH 44278
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DO NOT WRITE IN THIS SPACE

01232008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-2315913	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent HARRISON, WILLIAM G JR 101 HARRISON AVENUE PANAMA CITY, FL 32401
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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.

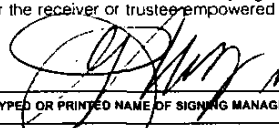
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

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
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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:  **MANAGING MEMBER** **1-24-08 390.633.2337**

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