2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Mar 16, 2006 8:00 am Secretary of State DOCUMENT # L05000019244 1. Entity Name 02-27-2006 90430 018 ****55.00 HARBOR AIR "LLC" Principal Place of Business Mailing Address 1434 VICTORIA DR WEST PALM BEACH FL 33406 1434 VICTORIA DR WEST PALM BEACH FL 33406 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) City & State City & State Applied For Not Applicable Zip Country Zip Country 5. Certificate of Status Desired . \$5.00 Additional 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent mITH JOHN W SMITH, JOHN W Street Address (P.O. Box Number is Not Acceptable) 813 HUMMINGBIRD WAY #4 NORTH PALM BEACH FL 33408 1434 IJICTORIA DR PAIN BEACH FL 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 registryed agent. SIGNATURE (NOTE: Registered Agent signature registed when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES mbrz TITLE MGR TITLE Delete ☐ Addition Channe SMITH JOHN W 1434 VICTORIA DR NAME SMITH JOHN W NAME STREET ADDRESS 813 HUMMINGBIRD WAY #4 STREET ADDRESS CITY-ST-ZIP NORTH PALM BEACH FL 33408 CITY-ST-ZIP WEST PALM BEACH FL 33406 TITLE ☐ Delete TIRE Change ☐ Addition HALLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Defete TITLE ☐ Addition ☐ Change NAME HAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS C/TV - ST - 7/P CITY-ST-ZIP TITLE Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Oclete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 procute this report as required by Chapter 608, Florida Statutes. SIGNATURE:

YPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 2, 2006

HARBOR AIR "LLC" 1434 VICTORIA DR WEST PALM BEACH, FL 33406

Subject: HARBOR AIR "LLC"

Reference Number: -

L05000019244

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$55.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/JE ANNUAL REPORTS SECTION