HARBOURD EVELOPMENT GROUP AT WATSON Walling Address Phinopes Phase of Business Phinopes Phase of Business Phinopes Phase of Business Phinopes Ph	DOCUI	MENT # L050000	AL REPORT		Apr	08, 2008 08:00 Secretary of State
	1. Entity Nam HARBOU	R DEVELOPMENT GR				
	P.O. BOX 85	0	165 WATERFORD CIR.			
)O NOT WRI	TE IN THIS SP	PACE	01232008No Chg-LLC 4. FEI Number	CR2E083 (12/07) Applied For Not Applicable
BDB AGENT CO S355 TOVIN CENTER ROAD SUITE 900 BOCA RATON, FL 33486		B. Name and Address of CL	Irrent Registered Agent		5. Certificate of Status Desired	
the obligations of registered agent. SIGNATURE SIGNATURE SIGNATURE Signatus: typed or period name of insplated agent are taked agent	5355 TOW SUITE 900	NT CO. /N CENTER ROAD			DO NOT W IN THIS SP	RITE
NAME CALVERT, KEITH D STREET ADDRESS 470 WHITE POND DR. AKRON, OH 44320 000000996891 TITLE MGRM MOSLEY, GERALD J JR. 04.18.09-90076-012 STREET ADDRESS 470 WHITE POND DR AKRON, OH 44320 04.12.09-90076-012 TITLE MGRM MAKE BERENTZ, CRAIG N 470 WHITE POND DR. 04.12.09-90076-012 TITLE MGRM NAME BERENTZ, CRAIG N 470 WHITE POND DR. TALLMADGE, OH 44278 TITLE NME STREET ADDRESS CITY-ST-2P TALLMADGE, OH 44278 IN THIS SPACE ITTLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P TITH	FILE	NOWIII FEE IS \$138.75		agistered Agent Signature required		
NAME MOSLEY, GERALD J JR. STREET ADDRESS 470 WHITE POND DR ARRON, OH 44320 ARRON, OH 44320 TITLE MGRM BERENTZ, CRAIG N 470 WHITE POND DR. CITY-ST-2P TALLMADGE, OH 44278 TITLE NAME STRET ADDRESS CITY-ST-2P TITLE NAME STRET ADDRESS CITY-ST-2P <	After May 9.	y 1, 2008 Fee will be \$5: MANAGING M	38.75			
NAME STREET ADDRESS CITY-ST-ZIP TALLMADGE, OH 44278 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP STREET ADDRESS STREET ADDRESS ST	After May	MANAGING M MANAGING M MGRM CALVERT, KEITH D 470 WHITE POND DR.	38.75			
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NAME STREET ADDRESS CITY-S1-ZIP TITLE 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 eath; that I am a managing member or manager of the	9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MANAGING M MARAM CALVERT, KEITH D 470 WHITE POND DR. AKRON, OH 44320 MGRM MOSLEY, GERALD J JR. 470 WHITE POND DR AKRON, OH 44320 MGRM BERENTZ, CRAIG N 470 WHITE POND DR.	38.75		04 (18/08- DO NOT W	295991 30075-012 143 75 /RITE
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