


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 28, 2006 8:00 am
Secretary of State

07-28-2006 90072 031 ****50.00

DOCUMENT # L05000023279					
1. Entity Name HARBOUR DEVELOPMENT GROUP AT SNUG HARBOUR, LLC					
Principal Place of Business P.O. BOX 850 PANAMA CITY, FL 32402-0850			Mailing Address P.O. BOX 850 PANAMA CITY, FL 32402-0850		
2. Principal Place of Business		3. Mailing Address 190 East Ave			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Tallmadge OH		4. FEI Number 20-2510306	
Zip		Country 44278 Summit		Applied For Not Applicable	
6. Name and Address of Current Registered Agent BDB AGENT CO. 5355 TOWN CENTER ROAD SUITE 900 BOCA RATON, FL 33486				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
DATE _____					
Filing Fee is \$50.00 Due by September 6, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
[Empty Row]			MGR Calvert, Keith D 190 East Ave Tallmadge, OH 44278		
[Empty Row]			MGR Mosley, Gerald J. Jr 190 East Ave Tallmadge, OH 44278		
[Empty Row]			MGR Berentz, Craig N. 190 East Avenue Tallmadge, OH 44278		
[Empty Row]			MGR Card Investments LLC 3435 Lanark Lane Pepper Pike, OH 44124		
[Empty Row]			MGR MARINA LAGOON Investments LTD 6874 Treves Way Boyton Beach, FL 33434		
[Empty Row]			[Empty Row]		
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 _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			7-25-06 330-633-2331 <small>Date Daytime Phone #</small>		