


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 08, 2008 08:00 AM
Secretary of State

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 165 WATERFORD CT. TALLMADGE, OH 44278
---	---

DO NOT WRITE IN THIS SPACE



01232008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-2510306	Applied For Not Applicable
------------------------------------	-------------------------------

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
--	---------------------------------------

6. Name and Address of Current Registered Agent BDB AGENT CO. 5355 TOWN CENTER ROAD SUITE 900 BOCA RATON, FL 33486	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 _____
Signature, typed or printed name of registered agent and title if applicable.

**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 470 WHITE POND DR. AKRON, OH 44320
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MOSLEY, GERALD J JR 470 WHITE POND DR. AKRON, OH 44320
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BERENTZ, CRAIG N 470 WHITE POND DR. AKRON, OH 44320
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CARD INVESTMENTS, LLC 3435 LANARK LN PEPPER PIKE, OH 44124
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARINA LAGOON INVESTMENTS, LTD 6874 TREVES WAY BOCA RATON, FL 33434
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:  **MANAGING MEMBER** **1-24-08** **330-633.2331**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #