

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 12, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000030495

1. Entity Name
INDIAN HARBOR 480, LLC.



Principal Place of Business
**POST OFFICE BOX 3989
VERO BEACH, FL 32963**

Mailing Address
**POST OFFICE BOX 3989
VERO BEACH, FL 32963**



02012007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2588934

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**BARRY G. SEGAL, P.A.
2801 OCEAN DRIVE
SUITE 204
VERO BEACH, FL 32963**

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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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	RG FLINCHUM, RANDALL PO BOX 3989 VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RG FLINCHUM, RUSSELL PO BOX 3989 VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RG SCHLITT, LAWRENCE 656 BOUGANVILLEA LN VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/21/07-80001-006 50.00

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2/8/07

Date

Daytime Phone # _____