

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90047 020 ****50.00

DOCUMENT # L05000031110

1. Entity Name
HARBOR VILLAS, LLC



Principal Place of Business
**500 CENTRAL DRIVE, SUITE 110
VIRGINIA BEACH, VA 23453**

Mailing Address
**500 CENTRAL DRIVE, SUITE 110
VIRGINIA BEACH, VA 23453**



2. Principal Place of Business

3. Mailing Address

01052006 Chg-LLC CR2E083 (11/05)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

34-2042528

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STEWART, JAMES M
1211 THE PLAZA
SINGER ISLAND, FL 33404-4740**

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

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, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
NELIN, BOBBY
500 CENTRAL DRIVE, SUITE 110
VIRGINIA BEACH, VA 23453** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
23454

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
NELIN, GREG
500 CENTRAL DRIVE, SUITE 110
VIRGINIA BEACH, VA 23453** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
23454

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
NELLIN, MICHAEL P
1085 ROUTE 112
PORT JEFFERSON STATION, NY 11776** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
NELIN

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
NELIN, RICHARD F JR.
1085 ROUTE 112
PORT JEFFERSON STATION, NY 11776** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
NELIN, RICHARD F SR.
1085 ROUTE 112
PORT JEFFERSON STATION, NY 11776** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
MULVANEY, THOMAS
P.O. BOX 7842
JUPITER, FL 334687842** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/4/06

757-340-1575