


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L05000031110</b> 1. Entity Name <b>HARBOR VILLAS, LLC</b>	
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Principal Place of Business <b>500 CENTRAL DRIVE, SUITE 110 VIRGINIA BEACH, VA 23453</b>	Mailing Address <b>500 CENTRAL DRIVE, SUITE 110 VIRGINIA BEACH, VA 23453</b>
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**DO NOT WRITE IN THIS SPACE**



03132007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number <b>34-2042528</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>  <b>STEWART, JAMES M 1211 THE PLAZA SINGER ISLAND, FL 33404-4740</b>
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**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NELIN, BOBBY 500 CENTRAL DRIVE, SUITE 110 VIRGINIA BEACH, VA 23454
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NELIN, GREG 500 CENTRAL DRIVE, SUITE 110 VIRGINIA BEACH, VA 23454
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NELIN, MICHAEL P 1085 ROUTE 112 PORT JEFFERSON STATION, NY 11776
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NELIN, RICHARD F JR. 1085 ROUTE 112 PORT JEFFERSON STATION, NY 11776
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NELIN, RICHARD F SR. 1085 ROUTE 112 PORT JEFFERSON STATION, NY 11776
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MULVANEY, THOMAS P.O. BOX 7842 JUPITER, FL 334687842

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05/02/07-80123-020 50.00

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.

<b>SIGNATURE:</b>  <b>ROBERT NELIN</b>	<b>4/18/07</b>	<b>757-340-1573</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date</small>	<small>Daytime Phone #</small>