

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 23, 2008 8:00 am**  
**Secretary of State**

04-23-2008 90124 036 \*\*\*138.75

**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**

**60027215**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02132008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number  
**34-2042528**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete  
NAME NELIN, BOBBY  
STREET ADDRESS 500 CENTRAL DRIVE, SUITE 110  
CITY-ST-ZIP VIRGINIA BEACH, VA 23454

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

TITLE MGR ☐ Delete  
NAME NELIN, GREG  
STREET ADDRESS 500 CENTRAL DRIVE, SUITE 110  
CITY-ST-ZIP VIRGINIA BEACH, VA 23454

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

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

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

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

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

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

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

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

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

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:

*Robert Nelin* ROBERT NELIN

4/18/08

757-340-1575

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

Date

Daytime Phone #