

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000035477

FILED
Mar 14, 2009
Secretary of State

Entity Name: PARK HARBOUR PROPERTIES, LLC

Current Principal Place of Business:

2202 NORTH WEST SHORE BOULEVARD
SUITE 200
TAMPA, FL 33607 US

New Principal Place of Business:

403 EAST MADISON STREET
SUITE 400
TAMPA, FL 33602 US

Current Mailing Address:

2202 NORTH WEST SHORE BOULEVARD
SUITE 200
TAMPA, FL 33607 US

New Mailing Address:

403 EAST MADISON STREET
SUITE 400
TAMPA, FL 33602 US

FEI Number: 20-2728493

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EICHOLTZ, KIRK D
2202 NORTH WEST SHORE BOULEVARD
SUITE 200
TAMPA, FL 33607 US

Name and Address of New Registered Agent:

EICHOLTZ, KIRK D
403 EAST MADISON STREET
SUITE 400
TAMPA, FL 33602 US

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.

SIGNATURE: KIRK D EICHOLTZ

03/14/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CHRISTIAN TYLER PROP, ERTIES, LLC
Address: 2202 NORTH WEST SHORE BOULEVARD, SUITE 200
City-St-Zip: TAMPA, FL 33607 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CHRISTIAN TYLER PROP, ERTIES, LLC
Address: 403 EAST MADISON STREET, SUITE 400
City-St-Zip: TAMPA, FL 33602 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: KIRK D. EICHOLTZ

MGR

03/14/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date