

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 28, 2006 8:00 am
Secretary of State

02-28-2006 90179 037 ****50.00

DOCUMENT # L05000038363

1. Entity Name
HARBOUR LIGHTS REALTY, LLC



Principal Place of Business
**8889 PELICAN BAY BLVD., SUITE 400
 NAPLES, FL 34108**

Mailing Address
**8889 PELICAN BAY BLVD., SUITE 400
 NAPLES, FL 34108**

20011354



2. Principal Place of Business
9010 STRADA STELL COURT
 Suite, Apt. #, etc.
SUITE 205

3. Mailing Address
9010 STRADA STELL COURT
 Suite, Apt. #, etc.
SUITE 205

01102006 Chg-LLC CR2E083 (11/05)

City & State
NAPLES FL

City & State
NAPLES FL

Zip
34109 Country
USA

Zip
34109 Country
USA

4. FEI Number
86-1135539

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
CHUR, NEIL M
8889 PELICAN BAY BLVD., SUITE 400
NAPLES, FL 34108

7. Name and Address of New Registered Agent

Name
NEIL M. CHUR, JR.

Street Address (P.O. Box Number is Not Acceptable)
9010 STRADA STELL COURT, #205

City
NAPLES State
FL Zip Code
34109

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  DATE **2/17/06**


Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:  DATE **2/17/06** DAYTIME PHONE # **239-254-2400**

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