

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000052678

FILED
Apr 28, 2008
Secretary of State

Entity Name: NO PARTICULAR HARBOR, L.L.C.

Current Principal Place of Business:

3313 SUNSET KEY CIRCLE
#304
PUNTA GORDA, FL 33955 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 855
MARMORA, NJ 08223

New Mailing Address:

FEI Number: 76-0792909

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOHRER, MICHAEL J
3313 SUNSET KEY CIRCLE
#304
PUNTA GORDA, FL 33955 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BOHRER, MICHAEL J
Address: 19 RIVENDELL RD.
City-St-Zip: MARMORA, NJ 08223 US

Title: MGR () Delete
Name: SWEENEY, PAUL B
Address: 9603 EDEN HALL LANE
City-St-Zip: PHILADELPHIA, PA 19114 US

Title: MGR () Delete
Name: CRAMER, JOHN
Address: 6234 MCKNIGHT DR.
City-St-Zip: LAKEWOOD, CA 90713 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BOHRER, MICHAEL J
Address: 3203 SEABOARD CIRCLE
City-St-Zip: N. WILDWOOD, NJ 08260 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MICHAEL J BOHRER

MGRM

04/28/2008

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