

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 13, 2006 8:00 am
Secretary of State

08-25-2006 90050 010 ****50.00

DOCUMENT # L05000060833

1. Entity Name
HARBOR POINTE PH3, LLC



Principal Place of Business
**995 N. GOLDENROD ROAD
ORLANDO, FL 32807**

Mailing Address
**995 N. GOLDENROD ROAD
ORLANDO, FL 32807**

30013200



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07062006 Chg-LLC CR2E083 (11/05)

City & State

City & State

4. FEI Number

20-3027474

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

**HARDING, ROBERT L ESQ.
20 NORTH EOLA DRIVE
ORLANDO, FL 32801**

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

**Filing Fee is \$50.00
Due by September 6, 2006**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
ARNETT, WAYNE R
7607 BENT BOW TRAIL
WINTER PARK, FL 32792**

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
ARNETT, CAROLYN H
7860 BROKEN ARROW TRAIL
WINTER PARK, FL 32792**

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
ARNETT, MARK D
2020 CURRYVILLE ROAD
CHULUOTA, FL 32766**

☐ Delete

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

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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:

Carolyn H Arnett

8/23/06 407 277-3343

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

Date

Daytime Phone #