## **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

## DOCUMENT #L05000075292

HEITMAN HARBOUR, LLC



## FILED Apr 26, 2006 8:00 am Secretary of State 04-26-2006 90147 046 \*\*\*\*50.00

Daytime Phone #

Principal Place of Business 1314 LAFAYETTE ST STE C CAPE CORAL, FL 33904		Mailing Address 1314 LAFAYETTE ST STE C CAPE CORAL, FL 33904			DII ERIBI BIBI BBIK BBIK BBI	<b>                    </b>		<b>88</b> 1 (111 1 <b>68</b> 1		
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04182006	Chg-LLC	CR2E0	83 (11/05)	
City & State			City & State			X. FEI Numb			<b>⊢</b>	plied For t Applicable
Zip	Zip Country		Zip Country		itry	5. Certificate of Status Desired				
	6. Name	and Address of Current R	Registered Agent		ļ	7. Name and	d Address of New R	egistered A	gent	
BASERVA	IOSE		Name							ļ
BASERVA, JOSE 1314 LAFAYETTE ST STE C			Street Addres			(P.O. Box Numb	ber is Not Acceptable	•)		
CAPE COF	RAL, FL 3	33904								
			City					FL	Zip Code	
8. The above the obligation	e named entit tions of regist	y submits this statement for tered agent.	the purpose of changing its	registere	ed office or registe	red agent, or bo	oth, in the State of Flo	rida. I am f	amiliar with,	and accept
SIGNATURE.	Signature, typed	or printed name of registered agent ar	nd title if applicable. (NOT)	E. Registere	ed Agent signature require	ed when reinstating)	···	DATE		
								<del>.</del>		
Filing Fee is \$50.00 Due by May 1, 2006							1	e check pa Departme	ayable to ent of State	•
9.		MANAGING MEMBER	RS/MANAGERS	10.			ADDITIONS/	CHANGES		
TITLE	MGRM		☐ Delete	TITLE	- 1				☐ Change	☐ Addition
NAME Street address	BASERVA	A, JOSE AYETTE ST STE C		NAMI STRE	Æ ÉET ADDRESS					
CITY-ST-ZIP		RAL, FL 33904			-ST-ZIP					
TITLE			☐ Delete	TITLE	E				☐ Change	Addition
NAME	]			NAMI	Æ					
STREET ADDRESS CITY-ST-ZIP										
G171 01 2					EET ADORESS					
TITLE				CITY	'-ST-ZIP				Change	noitibha 🗀
TITLE NAME			☐ Delete		Y-ST-ZIP E				Change	Addition
NAME STREET ADDRESS			☐ Delete	CITY TITLE NAMI STRE	Y-ST-ZIP E RE EET ADDRESS				Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP				CITY TITLE NAMI STRE	'-ST-ZIP  E  IE  EET ADDRESS '-ST-ZIP					
NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	CITY TITLE NAMI STRE CITY	Y-ST-ZIP  E  IE  EET ADDRESS Y-ST-ZIP  E				☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP				CITY- TITLE NAMI STRE CITY- TITLE	Y-ST-ZIP  E  IE  EET ADDRESS Y-ST-ZIP  E					
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME				CITY- TITLE NAMI STRE CITY- TITLE NAMI STRE	Y-ST-ZIP  E  EET ADDRESS Y-ST-ZIP  E					
NAME STREET ADDRESS CITY-ST-ZIP FITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE				CITY- TITLE NAMM STRE CITY- TITLE NAMM STRE CITY- TITLE	Y-ST-ZIP  E EET ADDRESS Y-ST-ZIP  E EET ADDRESS Y-ST-ZIP  E					
NAME STREET ADDRESS CITY-ST-ZIP  FITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME			☐ Delete	CITY- TITLE NAMI STRE CITY- TITLE NAMI STRE CITY- TITLE NAME NAME	Y-ST-ZIP  E EET ADDRESS Y-ST-ZIP  E EET ADDRESS Y-ST-ZIP  E EET ADDRESS Y-ST-ZIP  E				☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP FITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			☐ Delete	CITY:  TITLE  NAMI  STRE  CITY:  TITLE  NAMI  STRE  CITY:  TITLE  NAME  STREE  NAME  STREE	Y-ST-ZIP  E EET ADDRESS Y-ST-ZIP  E EET ADDRESS Y-ST-ZIP  E				☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP FITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			☐ Delete	CITY:  TITLE  NAMI  STRE  CITY:  TITLE  NAMI  STRE  CITY:  TITLE  NAME  STREE  NAME  STREE	Y-ST-ZIP  E  EEET ADDRESS Y-ST-ZIP  E  EEET ADDRESS Y-ST-ZIP  E  EEET ADDRESS Y-ST-ZIP  E  EEET ADDRESS Y-ST-ZIP				☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP  FITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			□ Delete □ Delete	CITY- TITLE NAMI STRE	Y-ST-ZIP  E EEET ADDRESS				☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP  FITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			□ Delete □ Delete	CITY- TITLE NAMI STRE CITY TITLE NAMI STRE CITY- TITLE NAMI STRE CITY- TITLE NAMI STRE CITY- TITLE NAMI STRE CITY- TITLE NAMI STRE NAMI STRE	E EET ADDRESS  '-ST-ZIP  E EET ADDRESS  '-ST-ZIP  E EET ADDRESS  '-ST-ZIP  E EET ADDRESS  '-ST-ZIP  E EET ADDRESS  EET ADDRESS  EET ADDRESS				☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP  ITILE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  CONTACT OF THE NAME STREET ADDRESS CITY-ST-ZIP	ertify that th	a information supplied with 1	□ Delete □ Delete	CITY- TITLE NAMI STRE CITY- TITLE NAMI STREI CITY- TITLE NAMI STREI CITY- TITLE NAMI STREI CITY- TITLE CITY- TITLE CITY- TITLE CITY- TITLE CITY- TITLE CITY-	/-ST-ZIP  E EET ADDRESS /-ST-ZIP  E EET ADDRESSST-ZIP  E EET ADDRESS /-ST-ZIP  E EET ADDRESS /-ST-ZIP  E EET ADDRESS /-ST-ZIP  E EET ADDRESS /-ST-ZIP	in Chapter 119	Florida Statutas I fu	rther certify	☐ Change ☐ Change ☐ Change	Addition  Addition

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