

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

01-23-2006 90227 033 \*\*\*\*50.00

|  |                                 |  |
|--|---------------------------------|--|
| <b>DOCUMENT # L05000103486</b><br>1. Entity Name<br>HARBORSIDE AT SANTA BARBARA, LLC   |                                 |   |
| Principal Place of Business<br>1937 EAST ATLANTIC BLVD STE 2<br>POMPANO BEACH, FL 33060  |                                 |  |
| 2. Principal Place of Business<br>2101 N. ANDREWS AVE<br>Suite/Apt. #, etc.<br>107   |                                 | Mailing Address<br>1937 EAST ATLANTIC BLVD STE 2<br>POMPANO BEACH, FL 33060  |
| City & State<br>WILTON MANORS<br>FL 33311<br>Country<br>USA  |                                 | 3. Mailing Address<br>2101 N ANDREWS AVE<br>Suite/Apt. #, etc.<br>107<br>City & State<br>WILTON MANORS<br>FL 33311<br>Country<br>USA |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required   |                                 | 4. FEI Number<br>02-0754647<br>Applied For<br>Not Applicable   |
| 6. Name and Address of Current Registered Agent<br>GROSCH, RICK<br>2124 NE 44 STREET<br>FORT LAUDERDALE, FL 33308  |                                 | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE</small>  |                                 |  |
| Filing Fee is \$50.00<br>Due by May 1, 2006  |                                 | Make check payable to<br>Florida Department of State   |
| 9. MANAGING MEMBERS / MANAGERS   |                                 | 10. ADDITIONS/CHANGES  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP<br>MANAGER<br>RICK GROSCH<br>2124 NE 44 ST<br>FT LAUDERDALE FL 33308  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP<br>MANAGER<br>HENRIK BRIXEN<br>929 SE 10 CT<br>POMPANO BEACH FL 33060   | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| 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:  RICK GROSCH   |                                 | X 01/20/2006 959-683-2000<br><small>Date Daytona Phone #</small>   |

30001287



01192006 Chg-LLC CR2E083 (11/05)



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

ATTACHMENT

30001287

January 30, 2006

HARBORSIDE AT SANTA BARBARA, LLC  
2101 N ANDREWS AVE  
SUITE 107  
FORT LAUDERDALE, FL 33311

Subject: HARBORSIDE AT SANTA BARBARA, LLC

Reference Number: L05000103486

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

List the complete title, name, street address, city, state and zip code of each manager, managing member or principal of the limited liability company.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/JE  
ANNUAL REPORTS SECTION