2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) – DUE BY MAY 1, 2008

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

DOCUMENT # L05000107361



FILED May 19, 2008 8:00 am Secretary of State

1. Entity Name				05-19-2008 90348 001 ***277.50
INDIAN HARBOUR BEACH ASSOCIATES, LLC				
			1	
Principal Plac	a of Rusinass	Mailing Address		-
Principal Place of Business		1501 HARVARD CIRCLE		
1501 HARVARD CIRCLE MELBOURNE FL 32905		MELBOURNE FL 32905		A DESTRUMENT DECENTION AND REPORT VALUE AND REPORT OF THE STATE AND AND REPORT OF THE STATE OF THE STATE OF THE
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	the dD sizes No DO Boy #	3. Mailing Address		TI JETYCH EN BUSEL OMN ODNY VENY BETAL WAN DENN 17559 HYS SIND KINDEN IN 1766
2. Principal Place of Business - No P.O. Box #		5. Maining Address		
Suite, Apt. #. etc.		Suite, Apt. #, etc.		1st MOORE
City & State		City & State		4. FEI Number Applied For No: Applied For No: Applied For
		7.		The Application
Zip	Country	Zip	Country	5. Certificate of Status Desired Specificate of Status Desired Fee Required
	6. Name and Address of Current	Registered Arrent		7. Name and Address of New Registered Agent
Name Co				
KIPPER, DAVID			man, mare	
150	1 HÁRVARD CIRCLE		CIPO ACIONA	(F.O. Box Number is Not Acceptable)
MEL	BOURNE FL 32905		ا م م	<u> </u>
	1	1	1501	
	1			Wine FL 39905
		or the purpose of changing its r	registered office or regist	ered agent, or both, in the State of Florida. I am familiar with, and accept
the obligations of registered agent. April 287009				
SIGNATURE				
per l'angle descriptions de la constant de la const				
FILE NOWIII FEE IS \$138.75				
		1. C. 1931, A. 103, M. 101, M. 101, A. 101, S. 101, M.	008, Fee Will Be \$5	***************************************
		Make Check Payable	CONTROL PARTICIPATION OF	ar dividuali
9.	MANAGING MEMBE		10.	ADDITIONS/CHANGES
TITLE	MGRM	Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS	WILF, LEONARD A 820 MORRIS TRN PKE		STREET ADDRESS	
CITY-ST-ZIP	SHORT HILLS NJ 07078		CRTY - ST - ZiP	
TITLE		☐ Delete	TiTLE	☐ Change ☐ Addition
NAME			NAME	
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STREET ADDRESS CITY-ST-ZIP		1	STREET ACORESS CITY-51-ZIP	
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NAME		•	NAME	
STREET ADDRESS CITY - ST - ZIP			STREET ADDRESS CITY-ST-ZIP	•
	contile that the information a could be	th this filing does not qualify for		and in Section 110. Floride Statutes 1 hadbee and it, that the left
indicated	certify that the information supplied wi	of that my signature shall have	a me exemplions contail	ned in Section 119, Florida Statutes. I further certify that the information is if made under path; that I am a managing member or manager of the
	on this report is true and accurate an	ci iliai my signature smali nave	ine same legal ellect at	s it made under paint that I am a managing member or manager or the
limited lie	on this report is free and accurate an ability company or the receiver or truste	ee empowered to execute this	report as required by Ch	s ir made under dain; thai i ain a managing member or manager or the apter 608, Florida Statutes.