

**2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L06000044215

**FILED**  
**Jul 15, 2009**  
**Secretary of State****Entity Name:** HARBOR VIEW MANAGEMENT SERVICES, LLC**Current Principal Place of Business:**357 ALMERIA AVENUE  
APT 1107  
CORAL GABLES, FL 33134 US**New Principal Place of Business:****Current Mailing Address:**357 ALMERIA AVENUE  
APT 1107  
CORAL GABLES, FL 33134 US**New Mailing Address:****FEI Number:** 26-3730096**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**CTC MANAGEMENT SERVICES, LLC  
220 ALHAMBRA CIRCLE,  
11TH FLOOR  
CORAL GABLES, FL 33134 US**Name and Address of New Registered Agent:**PEREA, ANTHONY  
357 ALMERIA AVENUE  
APT 1107  
CORAL GABLES, FL 33134 US

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:** P. PARRA

07/15/2009

\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**MANAGING MEMBERS/MANAGERS:****Title:** MGR ( ) Delete  
**Name:** PEREA, ANTHONY  
**Address:** 357 ALMERIA AVENUE, APT. 1107  
**City-St-Zip:** CORAL GABLES, FL 33134 US**ADDITIONS/CHANGES:****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:** ANTHONY PEREA

MGR

07/15/2009

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