2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2007
Secretary of State

DOCUMENT# L06000054282

Entity Name: HARBOR POINTE 409, LIMITED LIABILITY COMPANY

Current Principal Place of Business:

707 NORTH FRANKLIN STREET
FOURTH FLOOR, TAMPA THEATRE BUILDING
TAMPA, FL 33602 US

New Principal Place of Business:

Current Mailing Address:

707 NORTH FRANKLIN STREET
FOURTH FLOOR, TAMPA THEATRE BUILDING
TAMPA, FL 33602 US

New Mailing Address:

FEI Number: 77-0662110 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GLUCKMAN, JEREMY E
707 NORTH FRANKLIN STREET
FOURTH FLOOR, TAMPA THEATRE BUILDING
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: GLUCKMAN, JEREMY E
Address: 707 NORTH FRANKLIN STREET
City-St-Zip: TAMPA, FL 33602 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: HARRIS, ROBERT
Address: 707 NORTH FRANKLIN STREET 4TH FL
City-St-Zip: TAMPA, FL 33602 US

Title: MGR ( ) Change (X) Addition
Name: MORRIS, JERRY W
Address: 707 NORTH FRANKLIN STREET 4TH FL
City-St-Zip: TAMPA, FL 33602

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBERT HARRIS MGR 04/13/2007

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