

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000054282

FILED  
Apr 25, 2008  
Secretary of State

**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: HARRIS, ROBERT  
Address: 707 NORTH FRANKLIN STREET 4TH FL  
City-St-Zip: TAMPA, FL 33602 US

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

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ROBERT HARRIS

MGR

04/25/2008

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