
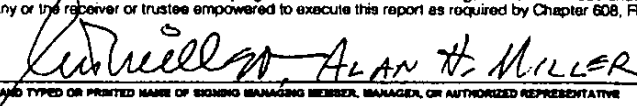


**FILED**  
**May 14, 2007 8:00 am**  
**Secretary of State**

04-17-2007 90251 048 \*\*\*\*50.00

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

<b>DOCUMENT # L06000069601</b>			
1. Entity Name <b>HARBAY, LLC</b>			
Principal Place of Business 350 ROYAL PALM WAY, NO. 401A C/O ALAN MILLER PALM BEACH, FL 33480		Mailing Address 350 ROYAL PALM WAY, NO. 401A C/O ALAN MILLER PALM BEACH, FL 33480	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
VEGOSEN, DEAN 515 NORTH FLAGLER DRIVE, 18TH FLOOR NORTHBRIDGE TOWER I WEST PALM BEACH, FL 33401		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____		DATE _____	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when re-registering)	
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MEMBER MARVIN M. ROSENBERG 125 CHATEAUX DRIVE PALM BEACH FL 33480 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MANAGING MEMBER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MEMBER ALAN H. MILLER 350 ROYAL PALM WAY #401 PALM BEACH FL 33480 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MANAGING MEMBER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 		4/2/07 (561)659-0090	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #	

30007703



01312007 Chg-LLC CR2E083 (12/06)

4. FEI Number  
20-5272647

Applied For  
Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

**FL** Zip Code

Filing Fee is \$50.00  
Due by May 1, 2007

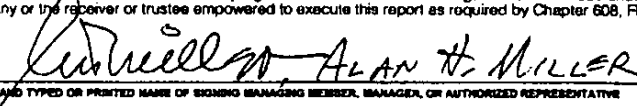
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Daytime Phone #