
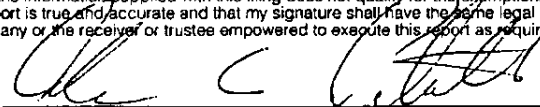


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

01-12-2007 90031 031 \*\*\*\*50.00

|  |  |  |   |   |  |
|--|--|--|---|---|--|
| <b>DOCUMENT # L06000073572</b><br>1. Entity Name<br><b>HARBOUR CAPITAL, LLC</b>  |  |  |   |    |  |
| Principal Place of Business<br><b>2875 NE 191 STREET<br/>STE 512<br/>AVENTURA, FL 33180</b>  |  |  | Mailing Address<br><b>2875 NE 191 STREET<br/>STE 512<br/>AVENTURA, FL 33180</b> |   |  |
| 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   | 4. FEI Number<br><b>37-1525565</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  |  |   | Applied For<br><input type="checkbox"/> Not Applicable  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>MCCUE, WILLIAM C ESQ<br/>2525 PONCE DE LEON STE 400<br/>MIAMI, FL 33134</b>  |  |  |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b></span> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |  |  |   |   |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2007</b>  |  | <b>Make check payable to<br/>Florida Department of State</b> |   |   |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |  |  | <b>10. ADDITIONS/CHANGES</b>  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>MGR<br/>PETRILLO, ADAM C<br/>172 CAMDEN DRIVE<br/>BAL HARBOUR, FL 33154</b> | <input type="checkbox"/> Delete                              |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | <input type="checkbox"/> Change <input type="checkbox"/> Addition               |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | <input type="checkbox"/> Change <input type="checkbox"/> Addition               |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | <input type="checkbox"/> Change <input type="checkbox"/> Addition               |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | <input type="checkbox"/> Change <input type="checkbox"/> Addition               |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | <input type="checkbox"/> Change <input type="checkbox"/> Addition               |   |  |
| 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. |  |  |   |   |  |
| <b>SIGNATURE:</b>   |  |  |   |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #   |  |  |   |   |  |