## .2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # L06000073572

HARBOUR CAPITAL, LLC

SIGNATURE



## FILED Mar 03, 2008 8:00 am Secretary of State 03-03-2008 90400 020 \*\*\*138.75

| Principal Plac<br>2875 NE 19<br>STE 512<br>AVENTURA, F                | 1 STREET  | S   | Mailing Address<br>2875 NE 191 STREET<br>STE 512<br>AVENTURA, FL 33180                           |                                 |   |   |  |                                    |                           |                     |
|---|---|---|--|---------------------------------|---|---|--|------------------------------------|---------------------------|---------------------|
| 2. Principal P  | lace of Busir                                       | ness - No P.O. Box#   | 3. Mailing Address   |                                 |   |   |  |                                    |                           |                     |
| Suite, Apt.   | #, etc.   |   | Suite, Apt. #, etc.  |                                 |   | 02182008  | Chg-LLC  | CR2E08                             | 3 (12/06)                 |                     |
| City & State  |   |   | City & State   |                                 |   | 4. FEI Number Applied For 37-1525565 Not Applical           |  |                                    |                           |                     |
| Zip   |   | Country -   | Zip  | Cour                            | oltry .   |   | e of Status Desired  | ' ' F                              | 5.00 Add<br>ee Required   |                     |
| <u> </u>  | 6. Name   | and Address of Current  |  |                                 |   | 7. Name and Address of New Registered Agent                 |  |                                    |                           |                     |
| MCCUE, V<br>2525 PON<br>MIAMI, FL                                     | CE DE LE  | CESQ<br>ON STE 400  | Street Address (   |                                 | s (P.O. Box Numb  | ber is Not Accepta  | * ::   | Zip Code                           |                           |                     |
|   | named entitions of regist                           |   | r the purpose of changing its  | register                        | · · · · · · · · · · · · · · · · · · ·                             | tered agent, or be  | oth, in the State of                                       | FL<br>Florida, 1 am fa             | 1 "                       |                     |
| SIGNATURE .   | Signature, typed                                    | or printed name of registered agent   | and title if applicable. (NOTE   | : Registere                     | d Agent signature requi   | ired when reinstating)                                      |  | DATE                               |                           |                     |
| FILE NOW!!! FEE IS \$138.75<br>After May 1, 2008 Fee will be \$538.75 |   |   |  |                                 |   |   | Make check payable to<br>Florida Department of State       |                                    |                           |                     |
| 9.  |   | MANAGING MEMBE  | RS/MANAGERS  | 10.                             |   |   | ADDITION   | S/CHANGES                          |                           |                     |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                 | 172 CAMI  | D, ADAM C<br>DEN DRIVE<br>BOUR, FL 33154  | ☐ Delete   |                                 |   |   |  |                                    | Change                    | ☐ Addit             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        | ,   |   | ☐ Delete   |                                 | 1   |   |  |                                    | Change                    | ☐ Addit             |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                 |   |   | ☐ Delete   |                                 |   |   |  |                                    | ☐ Change                  | ☐ Addit-            |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                 |   |   | ☐ Delete   |                                 |   |   |  |                                    | Change                    | ☐ Addit             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        | ;   |   | ☐ Delete   |                                 |   |   |  |                                    | Change                    | ☐ Additi            |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                 |   |   | ☐ Delete   |                                 |   |   |  |                                    | Change                    | Addit               |
| 11. I hereby of indicated limited lia                                 | certify that the<br>on this report<br>bility compar | e information supplied with<br>it is true and accurate and<br>ny or the receiver or trusted | this filing does not quality for<br>that my signature shall have to<br>empowered to execute this | the exe<br>the same<br>eport as | mptions containe<br>e legal effect as i<br>s required by Cha<br>r | ed in Chapter 119<br>f made under oat<br>apter 608, Florida | ), Florida Statutes.<br>th; that I am a mar<br>a Statutes. | I further certify<br>naging member | hat the info<br>or manage | rmation<br>r of the |