2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/23/2007-90358-032-$50.00-$50.00

DOCUMENT # L06000098700

1. Entity Name
HARBOR POINTE, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JUL 20 PM 3:02

Principal Place of Business	Mailing Address
3211 PONCE DE LEON BOULEVARD, SUITE 202 C/O NEWPORT PORPERTY VENTURES, LTD. CORAL GABLES, FL 33134	3211 PONCE DE LEON BOULEVARD, SUITE 202 C/O NEWPORT PORPERTY VENTURES, LTD. CORAL GABLES, FL 33134

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

03202007 Chg-LLC CR2E083 (12/06)

4. FEI Number ☐ Applied For ☒ Not Applicable

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

6. Name and Address of Current Registered Agent

WHITE & CASE LLP
200 S. BISCAYNE BOULEVARD, SUITE 4900
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL 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 ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00 Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CONSTANTINE SCURTIS PRESIDENT 3211 PONCE DE LEON BLVD, ST 201 CORAL GABLES, FL 33134	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

10. ADDITIONS/CHANGES

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BLT	☐ Change ☐ 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.

SIGNATURE: CONSTANTINE SCURTIS 4.16.07 305.446.0010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #