

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

**FILED**  
**Apr 01, 2008 8:00 am**  
**Secretary of State**

04-01-2008 90064 028 \*\*\*138.75

DOCUMENT # L07000027385

1. Entity Name

752 NE HARBOUR DRIVE, LLC



Principal Place of Business

1000 BRICKELL AVENUE  
SUITE 920  
MIAMI FL 33131  
US

Mailing Address

1000 BRICKELL AVENUE  
SUITE 920  
MIAMI FL 33131  
US

2. Principal Place of Business - No P.O. Box #

19 South Swinton Ave

3. Mailing Address

19 South Swinton Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Del Ray Beach, FL

City & State

Del Ray Beach, FL

Zip

33444

Country

USA

Zip

33444

Country

USA

4. FEI Number

20-8613205

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

PERRICONE, STEVEN J  
1000 BRICKELL AVENUE  
SUITE 920  
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 reappointing)

DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008, Fee Will Be \$538.75**  
**Make Check Payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME PERRICONE, STEVEN J  
STREET ADDRESS 1000 BRICKELL AVENUE  
CITY-ST-ZIP MIAMI FL 33131 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE MGRM  
NAME Albert Giachetti  
STREET ADDRESS 19 South Swinton Ave  
CITY-ST-ZIP Del Ray Beach, FL 33444 ☒ Change ☐ Addition

TITLE MGRM  
NAME Ellen Solowski  
STREET ADDRESS 2127 Brickell Ave  
CITY-ST-ZIP Miami, FL 33129 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/17/08

954.4941677

Date

Daytime Phone #