


**FILED**  
**May 27, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90047 025 \*\*\*138.75

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

<b>DOCUMENT # L07000057307</b>			
1. Entity Name <b>ROYAL HARBOUR TEAM LLC</b>			
Principal Place of Business <b>18001 OLD CUTLER ROAD, SUITE 476 MIAMI, FL 33157</b>		Mailing Address <b>18001 OLD CUTLER ROAD, SUITE 476 MIAMI, FL 33157</b>	
2. Principal Place of Business - No P.O. Box # <b>18955 SW 168 St</b>		3. Mailing Address <b>18955 SW 168 St</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Miami, FL</b>		City & State <b>Miami, FL</b>	
Zip <b>33187</b>		Zip <b>33187</b>	
Country <b>US</b>		Country <b>US</b>	
4. FEI Number <b>26-0237535</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent <b>PRENDES, STELLA 18001 OLD CUTLER ROAD, SUITE 476 MIAMI, FL 33157</b>		7. Name and Address of New Registered Agent Name <b>Stella Prendes</b> Street Address (P.O. Box Number is Not Acceptable) <b>18955 SW 168 St</b> City <b>Miami</b> FL Zip Code <b>33187</b>	
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 <u>Stella Prendes</u> <u>Stella Prendes</u> <u>4/9/08</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> (DATE)			
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PRENDES, STELLA 18001 OLD CUTLER ROAD, SUITE 476 MIAMI, FL 33157 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>18955 SW 168 St Miami, FL 33187</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PRENDES, ALEX 18001 OLD CUTLER ROAD, SUITE 476 MIAMI, FL 33157 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>18955 SW 168 St Miami, FL 33187</b>
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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.			
SIGNATURE: <u>Stella Prendes</u> <u>Stella Prendes</u> <u>4/9/08</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<u>(305) 234-2007</u> <small>Daytime Phone #</small>	