2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 18, 2009
Secretary of State

DOCUMENT# L07000084651

Entity Name: 504 NORTH HARBOR CITY, LLC

Current Principal Place of Business:

504 NORTH HARBOR CITY BLVD.
MELBOURNE, FL 32935 US

New Principal Place of Business:

Current Mailing Address:

504 NORTH HARBOR CITY BLVD.
MELBOURNE, FL 32935 US

New Mailing Address:

FEI Number: 26-0750184 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAMB, SCOTT T
504 NORTH HARBOR CITY BLVD
MELBOURNE, FL 32935 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	LAMB, SCOTT T	
Address:	505 NORTH HARBOR CITY BLVD.	
City-St-Zip:	MELBOURNE, FL 32935 US	
Title:	MGRM	( ) Delete
Name:	BOWERS, CHRISTOPHER S	
Address:	505 NORTH HARBOR CITY BLVD.	
City-St-Zip:	MELBOURNE, FL 32935 US	
Title:	MGRM	( ) Delete
Name:	KIRBACH, ANDREAS	
Address:	505 NORTH HARBOR CITY BLVD.	
City-St-Zip:	MELBOURNE, FL 32935 US	
Title:	MGRM	( ) Delete
Name:	ROBERTS, TIMOTHY C	
Address:	505 NORTH HARBOR CITY BLVD.	
City-St-Zip:	MELBOURNE, FL 32935 US	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SCOTT T LAMB MGRM 02/18/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date