

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000099539

FILED
Apr 26, 2010
Secretary of State

Entity Name: HARBOR BRIDGE M.M.O., LLC

Current Principal Place of Business:

1203 WEST MARION AVENUE
PUNTA GORDA, FL 33950 US

New Principal Place of Business:

Current Mailing Address:

1203 WEST MARION AVENUE
PUNTA GORDA, FL 33950 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SANDERS, JAMES T JR.
1203 WEST MARION AVENUE
PUNTA GORDA, FL 33950 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
Name: SANDERS, JAMES T JR.
Address: 3830 ST. KITTS CT
City-St-Zip: PUNTA GORDA, FL 33950 US

Title: MGRM
Name: SANDERS, CATHERINE P
Address: 3830 ST. KITTS CT
City-St-Zip: PUNTA GORDA, FL 33950 US

Title: MGRM
Name: GREENBERG, BENJAMIN
Address: 21583 EDGEWATER DR
City-St-Zip: PORT CHARLOTTE, FL 33952 US

Title: MGRM
Name: GREENBERG, HARRIET
Address: 21583 EDGEWATER DR
City-St-Zip: PORT CHARLOTTE, FL 33952 US

Title: MGRM
Name: SANDLES, LARRY J
Address: 26060 SEMINOLE LAKES BLVD
City-St-Zip: PUNTA GORDA, FL 33955 US

Title: MGRM
Name: SANDLES, JOAN E
Address: 26060 SEMINOLE LAKES BLVD
City-St-Zip: PUNTA GORDA, FL 33950 US

I hereby 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: JAMES T. SANDERS, JR

MGRM

04/26/2010

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