

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2003 8:00 am**  
**Secretary of State**

01-29-2003 90058 026 \*\*\*\*50.00

**DOCUMENT # L97000000622**

1. Entity Name  
**HARBOR TITLE L.C.**



Principal Place of Business

**1601 BELVEDERE ROAD  
SUITE 504 E  
WEST PALM BEACH FL 33406**

Mailing Address

**~~1601 BELVEDERE ROAD  
SUITE 504 E  
WEST PALM BEACH FL 33406~~**

2. Principal Place of Business

**219 N. DIXIE HWY**

3. Mailing Address

**~~SAME~~**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**LAKE WORTH, FL**

City & State

4. FEI Number

**65-0760145**

Applied For

Not Applicable

Zip

**33460**

Country

**USA**

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MILLER, JAMES F**

**~~1601 BELVEDERE ROAD  
SUITE 504 E  
WEST PALM BEACH FL 33406~~**

Name

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

**219 N. DIXIE HWY**

City

**LAKE WORTH**

**FL**

Zip Code

**33460**

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)

**1/10/03**

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete  
NAME **KIMBLE, ANITA Z**  
STREET ADDRESS **~~1601 BELVEDERE ROAD, SUITE 504E~~**  
CITY-ST-ZIP **~~WEST PALM BEACH FL 33406~~**

TITLE ☒ Change ☐ Addition  
NAME **219 N DIXIE HWY**  
STREET ADDRESS **LAKE WORTH, FL 33406**  
CITY-ST-ZIP

TITLE **MGR** ☐ Delete  
NAME **MILLER, JAMES F**  
STREET ADDRESS **~~1601 BELVEDERE ROAD, SUITE 504E~~**  
CITY-ST-ZIP **~~WEST PALM BEACH FL 33406~~**

TITLE ☒ Change ☐ Addition  
NAME **↓**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 REQUIRED** **JAMES F MILLER** **1/10/03** **561.771.7596**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)