2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #   L97000000623

1. Entity Name

HARBOR HOLDINGS, L.C.

Principal Place of Business	Mailing Address
1711 WORTHINGTON RD #202	1711 WORTHINGTON RD #202
WEST PALM BEACH FL 33409	WEST PALM BEACH FL 33409-6407

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number   65-0760144   Applied For / Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

MILLER, JAMES F
1711 WORTHINGTON RD #202
WEST PALM BEACH FL 33409

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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable   (NOTE. Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

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S00003208435--7
-04/14/00--01004--021
*****50.00  *****50.00
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9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE MGR **NAME** DEVER, JANE **STREET ADDRESS** 1711 WORTHINGTON RD #202 **CITY-ST-ZIP** WEST PALM BEACH FL 33409	☐ Delete	**TITLE** **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	☐ Change ☐ Addition
TITLE MGRM **NAME** MILLER, JAMES F **STREET ADDRESS** 1711 WORTHINGTON RD #202 **CITY-ST-ZIP** WEST PALM BEACH FL 33409	☐ Delete	**TITLE** **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	☐ Change ☐ Addition
TITLE **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	☐ Delete	**TITLE** **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	☐ Change ☐ Addition
TITLE **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	☐ Delete	**TITLE** **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	☐ Change ☐ Addition
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TITLE **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	☐ Delete	**TITLE** **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	☐ Change ☐ Addition

CR2E083 (9/99)

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   3/27/00   561-687-8997

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER   James F. Miller   Date   Daytime Phone #