

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

01-29-2003 90058 027 ****50.00

DOCUMENT # L97000000623

1. Entity Name
HARBOR HOLDINGS, L.C.



Principal Place of Business

~~1801 BELVEDERE RD~~
~~504E~~
~~WEST PALM BEACH FL 33406~~

Mailing Address

~~1801 BELVEDERE RD~~
~~504E~~
~~WEST PALM BEACH FL 33406~~

2. Principal Place of Business

219 N DIXIE HWY
Suite, Apt. #, etc.

3. Mailing Address

← SAME
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

LAKE WORTH FL

City & State

← SAME

4. FEI Number **65-0760144**

Applied For
Not Applicable

Zip

33460

Country

USA

Zip

← SAME

Country

← SAME

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
~~1801 BELVEDERE RD~~
~~504E~~
~~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)

DATE

1/10/03

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 ~~1801 BELVEDERE RD 504 E~~
CITY-ST-ZIP ~~WEST PALM BEACH FL 33406~~

TITLE ☒ Change ☐ Addition
NAME **219 N DIXIE HWY**
STREET ADDRESS **LAKE WORTH, FL 33460**
CITY-ST-ZIP

TITLE **MGRM** ☐ Delete
NAME **MILLER, JAMES F**
STREET ADDRESS ~~1801 BELVEDERE RD 504 E~~
CITY-ST-ZIP ~~WEST PALM BEACH FL 33406~~

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

561.721.2596

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)