

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90191 006 ****50.00

DOCUMENT # *L99 000001614*
1. Entity Name
Harborside Holdings, LLC

44032568

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
P.O. Box 4430
Suite, Apt. #, etc

3. Mailing Address
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Edwards, CO
Zip **81632** Country

City & State
Zip Country

4. FEI Number
65-0904277
Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name
Margaret Giventer
Street Address (P.O. Box Number is Not Acceptable)
9601 Collins Avenue #302
City
Bal Harbour FL Zip Code
33154

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 *NA* DATE *NA*
Signature, typed or printed name of registered agent and title if applicable.

FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Margaret Giventer P.O. Box 4430 Edwards, CO 81632	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CFR2003B (12/02)

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]* Date *4/13/04* Daytime Phone # *305 788-1055*