

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

**DOCUMENT #** *L99000001614*

1. Entity Name  
**HARBORSIDE HOLDINGS, LLC**

**DO NOT WRITE IN THIS SPACE**

**FILED**  
2003 APR 21 PM 3:09  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

2. Principal Place of Business  
**9601 COLLINS AVENUE, #302**  
Suite, Apt. #, etc

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

DO NOT WRITE IN THIS SPACE

City & State  
**BAL HARBOUR, FL**

City & State  
**SAME**

4. FEI Number  
**65-0904277**

Applied For  
 Not Applicable

Zip Country  
**33154**

Zip Country  
**SAME**

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 **NOT APPLICABLE (NO CHANGES)**  
Signature, typed or printed name of registered agent and title if applicable.

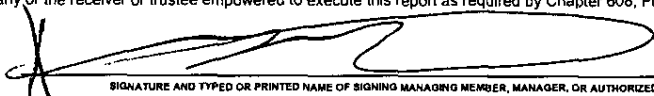
DATE

**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	<b>PRESIDENT MARGARET GIVENTER 9601 COLLINS AVENUE, #302 BAL HARBOUR, FL 33154</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>500016376645 04/21/03--01031--026 **50.00</b>
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CFR2E083B (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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE**

Date **4/11/03** Daytime Phone #