


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90035 045 ****50.00

DOCUMENT # L99000004345 1. Entity Name HARBOUR TOWN INVESTMENTS B-227, L.L.C.					
Principal Place of Business 801 NORTH ARMENIA AVENUE TAMPA, FL 33609			Mailing Address 801 NORTH ARMENIA AVENUE TAMPA, FL 33609		
2. Principal Place of Business 1700 S. MacDill Avenue Suite, Apt. #, etc. Suite 240 City & State Tampa, Florida Zip 33629		3. Mailing Address 1700 S. MacDill Avenue Suite, Apt. #, etc. Suite 240 City & State Tampa, Florida Zip 33629		01052004 Chg-LLC CR2E083 (10/03)	
4. FEI Number 59-3588151		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent MCBRIDE, GORDON A II 801 N. ARMENIA AVENUE TAMPA, FL 33609	
7. Name and Address of New Registered Agent Name Gordon A. McBride Street Address (P.O. Box Number is Not Acceptable) 1700 S. MacDill Avenue Suite 240 City Tampa FL Zip Code 33629				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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCBRIDE, GORDON A 801 NORTH ARMENIA AVENUE TAMPA, FL 33609	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date _____ Daytime Phone # (813) 258-6700	