

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L99000004345

1. Entity Name
HARBOUR TOWN INVESTMENTS B-227, L.L.C.



Principal Place of Business
1700 S MACDILL AVENUE
SUITE 240
TAMPA, FL 33629

Mailing Address
1700 S MACDILL AVENUE
SUITE 240
TAMPA, FL 33629

FILED

08 Feb 11 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01302008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3588151

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCBRIDE, GORDON A
1700 S MACDILL AVENUE
STE 240
TAMPA, FL 33629

**DO NOT WRITE
IN THIS SPACE**

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 _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

| | |
|----------------|-------------------------------|
| TITLE | MGRM |
| NAME | MCBRIDE, GORDON A |
| STREET ADDRESS | 1700 S MACDILL AVENUE STE 240 |
| CITY-STATE-ZIP | TAMPA, FL 33629 |

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| STREET ADDRESS | |
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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, OR AUTHORIZED REPRESENTATIVE

1-31-08

Date

(813) 253-3535 x205

Daytime Phone #