

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 17, 2003 8:00 am**  
**Secretary of State**

02-17-2003 90006 034 \*\*\*\*50.00

**DOCUMENT # L99000008400**

1. Entity Name

**NORTH HARBOR TOWER, LLC**



Principal Place of Business

**1801 HERMITAGE BOULEVARD, SUITE 600  
TALLAHASSEE FL 32308**

Mailing Address

**1801 HERMITAGE BOULEVARD, SUITE 600  
TALLAHASSEE FL 32308**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

*Suite 100*

Suite, Apt. #, etc.

*Suite 100*

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0965079**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**TODD, DAVID E  
1801 HERMITAGE BOULEVARD, SUITE 600  
TALLAHASSEE FL 32308**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

7. Name and Address of New 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 \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete  
NAME **FLORIDA STATE BOARD OF ADMINISTRATION**  
STREET ADDRESS **1801 HERMITAGE BOULEVARD, SUITE 600**  
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Change ☐ Addition  
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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.

**FLORIDA STATE BOARD OF ADMINISTRATION**

**SIGNATURE:**

**SIGNATURE** *Douglas W. Bennett*, SIO of Real Estate, 1/11/03, 850/922-5005

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

Date

Daytime Phone #

CR2E083 (10/02)