

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

8. **FILED**
Aug 21, 2006 8:00 am
Secretary of State

08-07-2006 90110 022 ****55.00

DOCUMENT # M01000001871			
1. Entity Name HARBOR COURSE PROPERTIES, LLC			
Principal Place of Business 24 DOCKSIDE LANE, #459 KEY LARGO, FL 33037		Mailing Address 24 DOCKSIDE LANE, #459 KEY LARGO, FL 33037	
2. Principal Place of Business		3. Mailing Address c/o MIROSLAV M. FAJT 22 ECHO LANE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State GREENWICH, CT	
Zip	Country	Zip 06830	Country USA
4. FEI Number 22-3820977		Applied For ☒ Not Applicable	
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 re-issuing) DATE _____			
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGRM <i>Manager</i> ☐ Delete NAME FAJT, MIROSLAV M STREET ADDRESS 22 ECHO LANE CITY-ST-ZIP GREENWICH, CT 06830	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE MGRM <i>Member</i> ☒ Delete NAME YAKIN, RONALD A STREET ADDRESS 12 SCHUMAN RD. CITY-ST-ZIP MILLWOOD, NY 10546	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE MGRM <i>Member</i> ☒ Delete NAME MALLOY, PATRICK III STREET ADDRESS BAY STREET AT THE WATERFRONT CITY-ST-ZIP SAG HARBOR, NY 11963	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE MGRM <i>Member</i> ☒ Delete NAME FAJT, MIROSLAV M STREET ADDRESS 22 ECHO LANE CITY-ST-ZIP GREENWICH, CT 06830	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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 606, Florida Statutes.			
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		7-25-06 312-880-6222 Date Daytime Phone	