


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 16, 2004 8:00 am
Secretary of State

07-16-2004 90140 034 ****50.00

DOCUMENT # M03000002322 1. Entity Name HARBOUR MASTERY L.L.C.					
Principal Place of Business 7410 VAN DYKE RD. ODESSA, FL 33556			Mailing Address 7410 VAN DYKE RD. ODESSA, FL 33556		
2. Principal Place of Business 4240 Sandy Shores Dr		3. Mailing Address 4240 SANDY SHORES DR			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		07132004 Chg-LLC CR2E083 (10/03)	
City & State Lutz, FL		City & State Lutz, FL		4. FEI Number 01-0786258	
Zip 33558		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BAKER, GARY H 2101 SUSSEX COURT PALM HARBOR, FL				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 reinstating) DATE _____					
Filing Fee is \$50.00 Due by September 8, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WALTERS, M. GEORGE 7410 VAN DYKE RD. ODESSA, FL 33556	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: <i>M. George Walters</i>				7/13/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone # (813) 288-4603	

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