

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000000938

FILED
Jan 11, 2008
Secretary of State

Entity Name: HARBOUR PHASE II OWNERS, LLC

Current Principal Place of Business:

1980 POST OAK BLVD., STE. 1600
HOUSTON, TX 77057

New Principal Place of Business:

Current Mailing Address:

1980 POST OAK BLVD., STE. 1600
HOUSTON, TX 77057

New Mailing Address:

FEI Number: 20-0832362

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAPITOL CORPORATE SERVICES, INC.
155 OFFICE PLAZA DRIVE
SUITE A
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PATRINELY, C. DEAN
Address: 1980 PORT OAK BLVD., STE. 1600
City-St-Zip: HOUSTON, TX 77057

Title: D () Delete
Name: VISIONE, CARMINE A
Address: 399 PARK AVENUE, 8TH FLOOR
City-St-Zip: NEW YORK, NY 10022

Title: D () Delete
Name: STIDD, ANDREW L
Address: 114 W. 47TH STREET, STE. 1715
City-St-Zip: NEW YORK, NY 10036

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LEROY E. PFILF, JR.

VP

01/11/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date