

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 02, 2007 8:00 am**  
**Secretary of State**

02-02-2007 90035 046 \*\*\*\*50.00

<b>DOCUMENT # M05000005506</b>					
<b>1. Entity Name</b> HARBOUR LINKS, LLC					
<b>Principal Place of Business</b> 8223 HAVEN HARBOUR WAY BRADENTON, FL 34212			<b>Mailing Address</b> 8223 HAVEN HARBOUR WAY BRADENTON, FL 34212		
<b>2. Principal Place of Business - No P.O. Box #</b> 5338 97th St. Circle E.		<b>3. Mailing Address</b> 5338 97th St. Circle E			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> Bradenton, FL		<b>City &amp; State</b> Bradenton, FL		<b>4. FEI Number</b> 86-1073044	
<b>Zip</b> 34211		<b>Country</b> USA		<b>Applied For</b> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b> BRADSHAW, SHARON M 8223 HAVEN HARBOUR WAY BRADENTON, FL 34212			<b>7. Name and Address of New Registered Agent</b> Name: N/A Street Address (P.O. Box Number is Not Acceptable): City: FL Zip Code:		
<b>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.</b> SIGNATURE: <u>Sharon M. Bradshaw</u> DATE: <u>1/9/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2007</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRADSHAW, SHARON M 8223 HAVEN HARBOUR WAY BRADENTON, FL 34212		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>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.</b>					
<b>SIGNATURE:</b> <u>Sharon M. Bradshaw</u>				Date: <u>1/9/07</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					