2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M07000001713

1. Entity Name
SAFE HARBOUR HOLDINGS, LLC



FILED Jan 22, 2008 8:00 am Secretary of State

01-22-2008 90121 044 ***138.75

Principal Place of Business 805 EXECUTIVE CENTER DR. W., SUITE 300 ST. PETERSBURG, FL 33702			Mailing Address 805 EXECUTIVE CENTER DR. W., SUITE 300 ST. PETERSBURG, FL 33702				60002815					
2. Principal P	lace of Busin	ess - No P.O. Box#	3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.			011	12008	Chg-LLC	CR2E	083 (12/06)		
City & State			City & State				El Numbe 20-496				oplied For ot Applicable	
Zip		Country	Zip	<u> </u>			ertificate	of Status Desired		\$5.00 Add Fee Require		
	6. Name	and Address of Current R	egistered Agent				ame and	Address of New	Registered	Agent		
MILKEY, KEVIN R					Name Street Address (P.O. Box Number is Not Acceptable)							
ST. PETER	OTIVE CE RSBURG,	NTER DR. W., SUITE FL 33702	300		Sireet Add	oress (P.O. Bo	ox Numbe	er is not acceptat	oie)			
				City				FI	Zip Cod	le		
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. am familiar with, and accept the obligations of registered agent.												
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
FILE After May	NOW!!! 1, 2008	FEE IS \$138.75 Fee will be \$538.75								payable to nent of Stat	e	
9.		MANAGING MEMBER	RS/MANAGERS	10.				ADDITION	S/CHANGE	S		
TITLE NAME	MGRM ARX HOL	DING CORP.	☐ Delete	TITLE						☐ Change	Addition	
STREET ADDRESS CITY-S1-ZIP	805 EXEC	CUTIVE CENTER DR. W RSBURG, FL 33702	., SUITE 300 STRE		ET ADDRESS -SI-ZIP							
TITLE			☐ Delete	TITLE	1					☐ Change	Addition	
NAME STREET ADDRESS					ET ADDRESS							
CITY-ST-ZIP			По	_	-ST-ZIP				<u>-</u>	FT 05	- Addition	
NAME			☐ Delete	NAM						Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS - ST - ZIP							
TITLE NAME			☐ Delete	TITLE						☐ Change	Addition	
STREET ADDRESS				NAM STRE	ET ADDRESS							
CITY-ST-ZIP				CITY	-ST-ZIP							
TITLE			☐ Delete	TITLE	1					☐ Change	Addition	
NAME STREET ADDRESS				NAME STREET ADDRESS								
CITY-SI-ZIP					- S1 - ZIP							
THILE			☐ Delete	TITLE						☐ Change	Addition	
NAME STREET ADDRESS				MAM	I .							
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS - ST - ZIP							
44 11 . 6				0.,,								

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.

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

Daytime Phone #