

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90151 008 ***138.75

DOCUMENT # M07000003114

1. Entity Name
HARBOR SQUARE PLAZA, LLC



Principal Place of Business
**6400 POWERS FERRY ROAD NW, STE. 395
ATLANTA, GA 30339**

Mailing Address
**6400 POWERS FERRY ROAD NW, STE. 395
ATLANTA, GA 30339**

60018993



03312008 Chg-LLC CR2E083 (12/06)

4. FEI Number
14-1995069 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

2. Principal Place of Business - No P.O. Box #
300 Galleria Parkway

3. Mailing Address
300 Galleria Parkway

Suite, Apt. #, etc.
12th Floor

Suite, Apt. #, etc.
12th Floor

City & State
Atlanta, GA

City & State
Atlanta, GA

Zip
30339

Country
USA

Zip
30339

Country
USA

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, STE. 4
WESTON, FL 33331**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
MGR ☐ Delete
NAME
SOUTH HARBOR CAPITAL, LLC
STREET ADDRESS
6400 POWERS FERRY ROAD NW, STE. 395
CITY-ST-ZIP
ATLANTA, GA 30339

10. ADDITIONS/CHANGES

TITLE
MGR ☒ Change ☐ Addition
NAME
Harbor Square Plaza, LLC
STREET ADDRESS
300 Galleria Parkway, 12th Floor
CITY-ST-ZIP
Atlanta, GA 30339

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE:

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

3/2/08
Date

678-718-1892
Daytime Phone #