

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

APPROVE
AND
FILED

1002

03 APR 30 AM 9:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M99000000864

1. Entity Name
HARBOUR POINTE L.L.C.



Principal Place of Business
C/O THE RELATED COMPANIES
625 MADISON AVE
NEW YORK, NY 10022

Mailing Address
C/O THE RELATED COMPANIES
625 MADISON AVE
NEW YORK, NY 10022

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
13-4055344

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICES COMPANY
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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 \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SOKOLOVIC, JOHN C/O THE RELATED CO, LP 625 MADISON AVE NEW YORK, NY 10022	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEVINE, DAVID C/O THE RELATED CO LP 625 MADISON AVE NEW YORK, NY 10022	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Michael Wechsler 625 Madison Avenue New York NY 10022	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Stephen Young 625 Madison Avenue New York, NY 10022	<input type="checkbox"/> Change <input checked="" 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
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

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 606, Florida Statutes.

SIGNATURE

Stephen L. Young

STEPHEN L. YOUNG 4/28/03

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

Date

Daytime Phone #

CR2E083 (10/02)



CORPORATION SERVICE COMPANY™

2052

ACCOUNT NO. : 072100000032

REFERENCE : 075874 4321791

AUTHORIZATION :

COST LIMIT : \$ 50.00

Patricia Pizutto

ORDER DATE : April 30, 2003

ORDER TIME : 3:03 PM

ORDER NO. : 075874-225

CUSTOMER NO: 4321791

CUSTOMER: Ms. Marsha Fincher .
The Related Companies, Inc.
9th Floor
625 Madison Avenue
New York, NY 10022

ANNUAL REPORT FILING

NAME: HARBOUR POINTE L.L.C.

RECEIVED
03 APR 30 PM 4:30
DEPARTMENT OF STATE
DIVISION OF CORPORATE REGISTRATION
TALAMONCE, FLORIDA

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - Ext. 1156

EXAMINER'S INITIALS: _____