

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90012 020 ****50.00



DOCUMENT # L03000016678
1. Entity Name
HARBOR ASSISTED LIVING, LLC

Principal Place of Business
 1701 HIGHWAY A1A, STE. 304
 VERO BEACH, FL 32963

Mailing Address
 1701 HIGHWAY A1A, STE. 304
 VERO BEACH, FL 32963



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04222004 Chg-LLC CR2E083 (10/03)

City & State

4. FEI Number
 20-0130605

Applied For
 Not Applicable

Zip **Country** **Zip** **Country**

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

6. Name and Address of Current Registered Agent
 F&L CORP.
 THE GREENLEAF BLDG.
 200 LAURA ST., 3RD FLOOR
 JACKSONVILLE, FL 32201-0240

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** _____

Filing Fee is \$50.00 Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	TIMOTHY S. SMICK
STREET ADDRESS		STREET ADDRESS	1701 HWY. A1A, STE. 304
CITY-ST-ZIP		CITY-ST-ZIP	VERO BEACH, FL 32963
TITLE	<input type="checkbox"/> Delete	TITLE	VICE PRESIDENT/SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	DANIEL L. SIMMONS
STREET ADDRESS		STREET ADDRESS	1701 HWY A1A, STE. 304
CITY-ST-ZIP		CITY-ST-ZIP	VERO BEACH, FL 32963
TITLE	<input type="checkbox"/> Delete	TITLE	TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	ZACHARY A. AILLS
STREET ADDRESS		STREET ADDRESS	1701 HWY A1A, STE. 304
CITY-ST-ZIP		CITY-ST-ZIP	VERO BEACH, FL 32963
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 608, Florida Statutes.

SIGNATURE: *[Signature]* **4/23/04** **772-492-5002**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #