


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-05-2004 90012 028 ****50.00

DOCUMENT # L02000001464
 1. Entity Name
HARBOR RETIREMENT ASSOCIATES, LLC



Principal Place of Business 1701 HWY A1A, SUITE 304 VERO BEACH, FL 32963	Mailing Address 1701 HWY A1A, SUITE 304 VERO BEACH, FL 32963
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DO NOT WRITE IN THIS SPACE



01052004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 04-3585453	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SMICK, TIMOTHY
225 OSPREY CT
VERO BEACH, FL 32963

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMICK, TIMOTHY S 1701 HWY A1A, SUITE 304 VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SIMMONS, DANIEL L 1701 HWY A1A, SUITE 304 VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFP MILLS, ZACHARY A 1701 HWY A1A, SUITE 304 VERO BEACH, FL 32963
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #