

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000001464

FILED
Apr 30, 2008
Secretary of State

Entity Name: HARBOR RETIREMENT ASSOCIATES, LLC

Current Principal Place of Business:

1440 HIGHWAY A1A
VERO BEACH, FL 32963

New Principal Place of Business:

Current Mailing Address:

1440 HIGHWAY A1A
VERO BEACH, FL 32963

New Mailing Address:

FEI Number: 04-3585453 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

F&L CORP.
ONE INDEPENDENT DRIVE, SUITE 1300
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: SMICK, TIMOTHY S
Address: 1440 HIGHWAY A1A
City-St-Zip: VERO BEACH, FL 32963

Title: S () Delete
Name: SIMMONS, DANIEL L
Address: 1440 HIGHWAY A1A
City-St-Zip: VERO BEACH, FL 32963

Title: T () Delete
Name: AILLS, ZACHARY A
Address: 1440 HIGHWAY A1A
City-St-Zip: VERO BEACH, FL 32963

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: WILLIAMS, JOAN T
Address: 1440 HIGHWAY A1A
City-St-Zip: VERO BEACH, FL 32963

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOAN T WILLIAMS

T

04/30/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date