


**FILED**  
 03 APR 28 AM 8:29  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

**2003 LIMITED LIABILITY COMPANY  
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000001464																																																																																																							
1. Entity Name HARBOR RETIREMENT ASSOCIATES, LLC																																																																																																							
Principal Place of Business 225 OSPREY CT VERO BEACH, FL 32963		Mailing Address 225 OSPREY CT VERO BEACH, FL 32963																																																																																																					
2. Principal Place of Business 1701 HWY. A1A Suite, Apt. #, etc. SUITE 304		3. Mailing Address 1701 HWY A1A Suite, Apt. #, etc. SUITE 304																																																																																																					
City & State VERO-BEACH - FL		City & State VERO-BEACH - FL																																																																																																					
Zip 32963	Country INDIAN RIVER	Zip 32963	Country INDIAN RIVER																																																																																																				
8. Certificate of Status Desired <input type="checkbox"/>		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		7. Name and Address of New Registered Agent																																																																																																					
Name		Name																																																																																																					
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)																																																																																																					
City		City																																																																																																					
FL		FL																																																																																																					
Zip Code		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 _____ DATE _____																																																																																																							
<table border="1"> <thead> <tr> <th colspan="2">9. MANAGING MEMBERS/MANAGERS</th> <th colspan="2">10. ADDITIONS/CHANGES</th> </tr> </thead> <tbody> <tr> <td>TITLE PRESIDENT</td> <td><input type="checkbox"/> Delete</td> <td>TITLE 00001712009</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME SMICK TIMOTHY S.</td> <td></td> <td>NAME 04/28/03--01014--008</td> <td>** 00</td> </tr> <tr> <td>STREET ADDRESS 1701 HWY A1A, SUITE 304</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP VERO BEACH, FL 32963</td> <td></td> <td></td> <td></td> </tr> <tr> <td>TITLE VP</td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME SIMMONS, DANIEL L.</td> <td></td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS 1701 HWY A1A, SUITE 304</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP VERO BEACH FL 32963</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE VP/CFO</td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME AILLS, ZACHARY A.</td> <td></td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS 1701 HWY A1A, SUITE 304</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP VERO BEACH, FL 32963</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> </tbody> </table>				9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES		TITLE PRESIDENT	<input type="checkbox"/> Delete	TITLE 00001712009	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME SMICK TIMOTHY S.		NAME 04/28/03--01014--008	** 00	STREET ADDRESS 1701 HWY A1A, SUITE 304				CITY-ST-ZIP VERO BEACH, FL 32963				TITLE VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME SIMMONS, DANIEL L.		NAME		STREET ADDRESS 1701 HWY A1A, SUITE 304		STREET ADDRESS		CITY-ST-ZIP VERO BEACH FL 32963		CITY-ST-ZIP		TITLE VP/CFO	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME AILLS, ZACHARY A.		NAME		STREET ADDRESS 1701 HWY A1A, SUITE 304		STREET ADDRESS		CITY-ST-ZIP VERO BEACH, FL 32963		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		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	
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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: <i>Timothy S. Smick</i> Date: 4-23-2002 Daytime Phone #: 772-492-5002																																																																																																							
TIMOTHY S. SMICK																																																																																																							

MJH

CREATED BY: 00