2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 31, 2005 8:00 am Secretary of State

DOCUMENT # L03000043872 1. Entity Name PORT EVERGLADES PARTNERS, LLC						-03-2005 900	•		
Principal Place of Business 3300 N. 29TH AVENUE #101 HOLLYWOOD, FL 33020 US		Mailing Address 3300 N. 29TH AVENUE #101 HOLLYWOOD, FL 33020 US			PRITA NY ASIN ASIN ASIN				
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #. etc.		Sulte, Apt. #, etc.		04272005	Chg-LLC	CR2E	083 (10/03))	
City & State		City & State		4. FEI Numbe		39140	6716	applied For lot Applicable	
Žip	Country	Zip	Country		5. Certificate	of Status Desired	<u> </u>	\$5.00 Ac	ditional
	6. Name and Address of Current F	legistered Agent			7. Name and	Address of New R	egistered	Agent	
			- 1	Name				-	
DAVID, BENNETT L III 3300 N. 29TH AVENUE #101				Street Address	s (P.O. Box Number is Not Acceptable)				
HOLLYWOOD, FL 33020									
				City			FL	Zip Cod	et
8. The above the obligat	named entity submits this statement for tions of registered agent.	the purpose of changing its	s registered	office or registe	red agent, or both	, in the State of Flo	wida. lem	famillar with	, and accept
SIGNATURE	Signatura, typed or printed name of registered agent an	d title if applicable. (NOT	TE: Registered A	Gent signature require	d when revision()		DATE	·····	
					Make check payable to Florida Department of State				
FI D	iling Fee Is \$50.00 ue by May 1, 2005					Mak Florids	e check p Departm	ent of Stat	io .
Fi D	MANAGING MEMBER	S/MANAGERS	10.			Male Florida ADDITIONS/	Departm	ent of Stat	15
9. mr.e	MANAGING MEMBER	S/MANAGERS	TITLE			Florida	Departm	ent of Stat	Addition
9. TITLE NAME	MANAGING MEMBER MGR PEP MANAGEMENT, INC.		TITLE NAME			Florida	Departm	ent of Stat	
9. TITLE NAME STAGET ADDRESS	MANAGING MEMBER MGR PEP MANAGEMENT, INC. 3300 N. 29TH AVENUE #101		TITLE NAME STREET	AODRESS .		Florida	Departm	ent of Stat	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER MGR PEP MANAGEMENT, INC.	☐ October	TITLE NAME STREET / CITY-ST	1		Florida	Departm	Change	☐ Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBER MGR PEP MANAGEMENT, INC. 3300 N. 29TH AVENUE #101		TITLE NAME STREET / CITY-ST	1		Florida	Departm	ent of Stat	
9. TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME	MANAGING MEMBER MGR PEP MANAGEMENT, INC. 3300 N. 29TH AVENUE #101	☐ October	TITLE NAME STREET / CITY-ST TITLE NAME	T-ZIP		Florida	Departm	Change	☐ Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBER MGR PEP MANAGEMENT, INC. 3300 N. 29TH AVENUE #101	☐ October	TITLE NAME STREET / CITY-ST TITLE NAME	1-ZIP ADDRESS		Florida	Departm	Change	☐ Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MANAGING MEMBER MGR PEP MANAGEMENT, INC. 3300 N. 29TH AVENUE #101	□ Delete	TITLE NAME STREET / CITY-ST TITLE NAME STREET /	1-ZIP ADDRESS		Florida	Departm	Change	Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER MGR PEP MANAGEMENT, INC. 3300 N. 29TH AVENUE #101 HOLLYWOOD, FL 33020	☐ October	TITLE NAME STREET / CITY-ST TITLE NAME STREET / CITY-ST	1-ZIP ADDRESS		Florida	Departm	Change	☐ Addition
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11. I hereby certify that the information supplied with this fliing 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 ceth; that I am a managing member or manager of the first limited liability company or the resolver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

954.925-7100

Daytma Phone #

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