

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-03-2005 90016 049 \*\*\*\*50.00

**DOCUMENT # L03000043872**

1. Entity Name  
**PORT EVERGLADES PARTNERS, LLC**



Principal Place of Business  
3300 N. 29TH AVENUE  
#101  
HOLLYWOOD, FL 33020 US

Mailing Address  
3300 N. 29TH AVENUE  
#101  
HOLLYWOOD, FL 33020 US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04272005 Chg-LLC CR2E083 (10/03)

4. FEI Number

**APPLIED FOR 20-0391467**

Applied For

Not Applicable

6. Certificate of Status Desired

☐

**\$5.00** Additional  
Fee Required

8. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAVID, BENNETT L III  
3300 N. 29TH AVENUE  
#101  
HOLLYWOOD, FL 33020

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 re-electing)

DATE

**Filing Fee is \$50.00**  
**Due by May 1, 2005**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGR  
PEP MANAGEMENT, INC.  
3300 N. 29TH AVENUE #101  
HOLLYWOOD, FL 33020 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
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CITY- ST- ZIP  
☐ Change ☐ Addition

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 808, Florida Statutes.

**SIGNATURE:**

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

Date

Daytime Phone #

*4/27/05 954.925-7100*