

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 14, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L00000006323**

1. Entity Name  
**NORTHPORT COMMERCIAL INTERCHANGE, L.L.C.**



Principal Place of Business

**609 E JACKSON ST  
SUITE 200  
TAMPA, FL 33602**

Mailing Address

**609 E JACKSON ST  
SUITE 200  
TAMPA, FL 33602**

**DO NOT WRITE IN THIS SPACE**



01032008No Chg-LLC

CR2E083 (12/07)

4. FEI Number  
**59-3655663**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**ROBBINS, R. JAMES JR  
101 E KENNEDY BLVD  
SUITE 3700  
TAMPA, FL 33602**

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

U000000781894  
01/15/08-80052-015 138.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	PALLARDY III, LEE F
STREET ADDRESS	609 E. JACKSON ST., #200
CITY-ST-ZIP	TAMPA, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** \_\_\_\_\_

*Lee F. Pallardy, III*

*1/9/08*

*813-221-3700*

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

Date

Daytime Phone #