

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 16, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000006469

1. Entity Name
SOUTHPORT PROPERTY INVESTMENTS, LLC



Principal Place of Business
**10205 SOUTHERN BLVD.
ROYAL PALM BEACH, FL 33411**

Mailing Address
**10205 SOUTHERN BLVD.
ROYAL PALM BEACH, FL 33411**

DO NOT WRITE IN THIS SPACE



01242004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
65-1096923

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SAUERBERG, ERIC M
712 U.S. HIGHWAY ONE, STE. 400
NORTH PALM BEACH, FL 33408**

**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 reinstalling)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

000000053638
02/16/04-80139-018 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
NICHOLAS, CHILLEMI J
10205 SOUTHERN BLVD
ROYAL PALM BEACH, FL 33411**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
JOHN, TERRANOVA
13882 COLUMBINE AVE
WEST PALM BEACH, FL 33414**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
MARK, ROMANELLI
4240 FOXVIEW COURT
LAKE WORTH, FL 33467**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
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 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 60B, Florida Statutes.

SIGNATURE:

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

2/16/04

Date

561-778-3809

Daytime Phone #