

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 15, 2004 8:00 am
Secretary of State

06-15-2004 90168 013 ****55.00

DOCUMENT # L02000019827

1. Entity Name

ST. CLOUD - 192, L.L.C.



Principal Place of Business

5630 BANKERS AVENUE
BATON ROUGE LA 70808-2609
US

Mailing Address

5630 BANKERS AVENUE
BATON ROUGE LA 70808-2609
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

03-0477120

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

C.T. CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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 reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 8, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE: MGR
NAME: PORT-L36, LLC
STREET ADDRESS: 1745 W FLETCHER AVE
CITY-ST-ZIP: TAMPA FL 33612
☒ Delete

TITLE: Manager
NAME: C. Cammack Morton
STREET ADDRESS: 5630 Bankers Ave., 70808
CITY-ST-ZIP: Baton Rouge, La.
☐ Delete **Addition**

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Delete

TITLE:
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TITLE:
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STREET ADDRESS:
CITY-ST-ZIP:
☐ Delete

10. ADDITIONS/CHANGES

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

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
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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 608, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #