

2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L03000003716

1. Entity Name
FLORIDA HOMEPORT REALTY SERVICES LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 NOV 16 AM 8:52

Principal Place of Business
610 NORTH DIXIE HWY.
LANTANA, FL 33462

Mailing Address
610 NORTH DIXIE HWY.
LANTANA, FL 33462

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10312005 Chg-LLC CR2E083 (10/03)

4. FEI Number
06-1676410

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PARK, MICHAEL G ESQ
610 NORTH DIXIE HWY.
LANTANA, FL 33462

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

Amended AR is \$50.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
PARK, MICHAEL G
610 NORTH DIXIE HWY.
LANTANA, FL 33462 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
KATHLEIN AMBRIDGE
1767 N. CONGRESS AVENUE
BOYNTON BEACH, FL 33426 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
FELDKAMP, JOSEPH
610 NORTH DIXIE HWY.
LANTANA, FL 33462 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
300061483419
11/16/05--01045--007 **\$5.00 ☐ Change ☐ Addition

TITLE
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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 #

11/16/05 561-369-1654