


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Jan 28, 2005 8:00 am**  
**Secretary of State**

01-28-2005 90075 013 \*\*\*\*50.00

<b>DOCUMENT # L03000039678</b>	
<b>1. Entity Name</b> JETPORT COMMERCE DEVELOPERS, L.L.C.	

<b>Principal Place of Business</b> <del>15280 FIDDLESTICKS BLVD.</del> FT. MYERS FL <del>33912</del> <b>33913</b>	<b>Mailing Address</b> <del>15280 FIDDLESTICKS BLVD.</del> FT. MYERS FL <del>33912</del> <b>33913</b>
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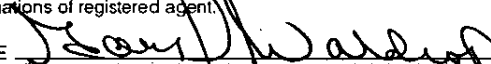
1st MOORE CR2E083 (10/04)

<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

<b>4. FEI Number</b> 20-0414796	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  SHIELDS, CHRISTOPHER J 1833 HENDRY STREET FT. MYERS FL 33901	
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<b>7. Name and Address of New Registered Agent</b>	
<b>Name</b> GARY D. WALDROP	
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 12060 FAIRWAY ISLES DRIVE	
<b>City</b> FORT MYERS	<b>FL</b> <b>Zip Code</b> 33913


<b>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.</b>	
<b>SIGNATURE</b> 	<b>DATE</b> 1-24-05

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2005**

<b>9. MANAGING MEMBERS / MANAGERS</b>	
<b>TITLE</b> MGR	<input type="checkbox"/> Delete
<b>NAME</b> WALDROP, GARY D	
<b>STREET ADDRESS</b> <del>15280 FIDDLESTICKS BLVD.</del>	
<b>CITY - ST - ZIP</b> FT. MYERS FL <del>33912</del> <b>33913</b>	
<b>TITLE</b> MGR	<input type="checkbox"/> Delete
<b>NAME</b> WALDROP, NANCY J	
<b>STREET ADDRESS</b> <del>15280 FIDDLESTICKS BLVD.</del>	
<b>CITY - ST - ZIP</b> FT. MYERS FL <del>33912</del> <b>33913</b>	
<b>TITLE</b> ---	<input type="checkbox"/> Delete
<b>NAME</b> ---	
<b>STREET ADDRESS</b> ---	
<b>CITY - ST - ZIP</b> ---	
<b>TITLE</b> ---	<input type="checkbox"/> Delete
<b>NAME</b> ---	
<b>STREET ADDRESS</b> ---	
<b>CITY - ST - ZIP</b> ---	
<b>TITLE</b> ---	<input type="checkbox"/> Delete
<b>NAME</b> ---	
<b>STREET ADDRESS</b> ---	
<b>CITY - ST - ZIP</b> ---	

<b>10. ADDITIONS / CHANGES</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	

**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.**

<b>SIGNATURE:</b> 	<b>DATE</b> 1-24-05
<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</b>	