

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000039678

1. Entity Name
JETPORT COMMERCE DEVELOPERS, L.L.C.



Principal Place of Business
**12060 FAIRWAY ISLES DR
FORT MYERS, FL 33913**

Mailing Address
**12060 FAIRWAY ISLES DR
FORT MYERS, FL 33913**



01052006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0414796

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**WALDROP, GARY D
12060 FAIRWAY ISLES DR
FORT MYERS, FL 33913**

**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 LLC, if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
**MGR
WALDROP, GARY D
12060 FAIRWAY ISLES DR
FORT MYERS, FL 33913**

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
**MGR
WALDROP, NANCY J
12060 FAIRWAY ISLES DR
FORT MYERS, FL 33913**

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
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CITY, ST, ZIP

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STREET ADDRESS
CITY, ST, ZIP

U00000388389
01/20/06-80002-024 50.00

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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:

Nancy J. Waldrop
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

NANCY J. WALDROP 1-12-06

Date

239-768-3553

Daytime Phone #