

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 27, 2005 8:00 am
Secretary of State

06-27-2005 90135 002 ****50.00

DOCUMENT # L04000002984

1. Entity Name
CENTER PORT WAREHOUSE CONDOMINIUMS, L.L.C.



Principal Place of Business
1815 GRIFFIN ROAD
SUITE 200
DANIA BEACH, FL 33004

Mailing Address
102 N.E. 2ND STREET
#180
BOCA RATON, FL 33432

20060699



2. Principal Place of Business
102 NE 2 ST
Suite, Apt. #, etc.
#180

3. Mailing Address
Suite, Apt. #, etc.

06152005 Chg-LLC CR2E083 (10/03)

City & State
Boca Raton FL
Zip
33432

City & State
Zip
Country

4. FEI Number
20-0597141

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MARKS, JEFFREY N ESQ.
1815 GRIFFIN ROAD
SUITE 200
DANIA BEACH, FL 33004

7. Name and Address of New Registered Agent

Name Stephen C. Roy
Street Address (P.O. Box Number is Not Acceptable)
102 NE 2 ST - #180
City Boca Raton FL Zip Code 33432

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 Stephen C. Roy DATE 6-21-05
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by September 7, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME ROY, STEPHEN
STREET ADDRESS 102 N.E. 2ND STREET, #180
CITY-ST-ZIP BOCA RATON, FL 33442

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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

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

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

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: Stephen C. Roy DATE 6-21-05 DAYTIME PHONE # 561-394-6331
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE