

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 13, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000014275

1. Entity Name
DEVELOPORT, L.C.



Principal Place of Business
1512 E. BROWARD BLVD.
SUITE 200
FORT LAUDERDALE, FL 33301 US

Mailing Address
1512 E. BROWARD BLVD.
SUITE 200
FORT LAUDERDALE, FL 33301 US

000000505180
04/26/06-80108-008 50.00



03252006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0765620

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MCCRORY, J. W
1512 E. BROWARD BLVD.
SUITE 200
FORT LAUDERDALE, FL 33301

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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 title if applicable (NOTE: Registered Agent signature required when resigning) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2008**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MCCRORY, J. W
STREET ADDRESS	1512 E. BROWARD BLVD. SUITE 200
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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: _____

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

Date

Daytime Phone #

4-7-06 954-442-5835