


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90026 041 ****50.00

DOCUMENT # L04000018626

1. Entity Name
175 JETPORT, LLC



20038160



Principal Place of Business
**C/O STJ MANAGEMENT INC.
 6530 WEST ROGERS CIRCLE, SUITE #31
 BOCA RATON, FL 33487**

Mailing Address
**C/O STJ MANAGEMENT INC.
 6530 WEST ROGERS CIRCLE, SUITE #31
 BOCA RATON, FL 33487**

2. Principal Place of Business
 Suite, Apt. #, etc.

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

City & State
 City & State

Zip
 Country

03082005 Chg-LLC CR2E083 (10/03)

4. FEI Number
27-0083209

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**ALLEN, LOUISE J ESQ.
 200 EAST BROWARD BLVD., SUITE 1900
 FT. LAUDERDALE, FL 33301**

7. Name and Address of New Registered Agent
 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 _____ DATE _____
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 May 1, 2005**

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
MGR STJ MANAGEMENT INC. ITS MGR. BY SEAN M LEDER 6530 W ROGERS CIRCLE #31 BOCA RATON, FL 33487	

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: **SEAN M LEDER**  Date: **4/15/05** Daytime Phone #: **561-995-7878**

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