2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000018626

1. Entity Name 175 JETPORT, LLC



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

FILED Mar 16, 2006 8:00 am Secretary of State

03-16-2006 90027 014 ****50.00

20016837



01312006 No Chg-LLC

CR2E083 (11/05)

4.	FEI Number		Applied For	
	27-0083209		Not Applicable	
5.	Certificate of Status Desired		\$5.00 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ALLEN, LOUISE J ESQ.

200 East Las Olas Blvd., Suite 2100

Ft. Lauderdale, FL 33301

DO NOT WRITE IN THIS SPACE

8. The above named entry 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 of winted name of registered agent and tide if applicable. (NOTE: Registered Agent signature required when reinstatung) DATE					
Filing Fee is \$50.00 Due by May 1, 2006					
9.	MANAGING MEMBERS/MANAGERS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STJ MANAGEMENT, INC 6530 W ROGERS CIRCLE, # 31 BOCA RATON, FL 33487				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
11. I hereby certify that the information supplied with this filling 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 fustee empowered to execute this report as required by Chapter 608, Florida Statutes.					

SeaN

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