

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 28, 2007 8:00 am**  
**Secretary of State**

02-28-2007 90153 010 \*\*\*\*50.00

**DOCUMENT # L04000018626**

1. Entity Name  
I75 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

60020024



01242007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

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 LAS OLAS BOULEVARD  
SUITE 2100  
FORT LAUDERDALE, FL 33301

SEAN M. LEDER  
6530 WEST ROGERS CIRCLE  
# 31  
BOCA RATON, FL 33487

**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 title if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

**Filing Fee is \$50.00**  
**Due by May 1, 2007**

**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  
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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 #

SEAN M LEDER

561-995-7878