

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**


**FILED**  
**Feb 27, 2008 8:00 am**  
**Secretary of State**

02-27-2008 90073 049 \*\*\*138.75

**60010757**



02062008 Chg-LLC CR2E083 (12/06)

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	
2. Principal Place of Business - No P.O. Box # 4755 Technology Way Ste. 202 Boca Raton, FL 33431-3338		3. Mailing Address 4755 Technology Way Ste. 202 Boca Raton, FL 33431-3338	
Zip	Country	Zip	Country
4. FEI Number 27-0083209		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LEDER, SEAN 530 WEST ROGERS CIRCLE #31 BOCA RATON, FL 33487		7. Name and Address of New Registered Agent Name 4755 Technology Way Ste. 202 Street Boca Raton, FL 33431-3338 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR STJ MANAGEMENT, INC 6530 W ROGERS CIRCLE, # 31 BOCA RATON, FL 33487 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	4755 Technology Way Ste. 202 Boca Raton, FL 33431-3338 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>X Sean Leder</i>		Date: <i>2/15/08</i>	Daytime Phone #: <i>561-995-7878</i>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>	<small>Daytime Phone #</small>