

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 21, 2008 08:00 A
Secretary of State

DOCUMENT # L04000056680

1. Entity Name

SOUTHPORT CENTER @ AIPO, LLC



Principal Place of Business

**340 NORTH MAITLAND AVE
SUITE 110
MAITLAND, FL 32751**

Mailing Address

**340 NORTH MAITLAND AVE
SUITE 110
MAITLAND, FL 32751**

DO NOT WRITE IN THIS SPACE



01052008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number

36-4566737

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LIGHTSEY & ASSOCIATES, P.A.
2105 PARK AVENUE NORTH
WINTER PARK, FL 32789**

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**MGRM
STRUL, AUBREY
340 NORTH MAITLAND AVE SUITE 110
MAITLAND, FL 32751**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**MGRM
WHIDDON, FLOYD
340 NORTH MAITLAND AVE SUITE 110
MAITLAND, FL 32751**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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000000886114
04/08/08-80015-020 138.75

**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 #

**407
1-15-08 6449400**