2007 LIMITED LIABILITY COMPAÑY ANNUAL REPORT

DOCUMENT # L05000010672

1. Entity Name PORT TAMPA HOMES LLC



FILED May 04, 2007 08:00 A Secretary of State

Principal Place of Business

Mailing Address

105 S. GRADY AVENUE TAMPA, FL 33609 105 S. GRADY AVENUE TAMPA, FL 33609



02222007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number: 81-0663683

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MORRIS, DENNIS 105 S. GRADY AVENUE TAMPA, FL 33609

DO NOT WRITE IN THIS SPACE

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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 Unicongridud Anno
Filing Fee is \$50.00 Due by May 1, 2007			000000761625 05/25/07-80038-025 50.00
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM J SQUARE REALTY AND DEVELOPMENT CORP. 405 CENTRAL AVE STE 100 ST PETERSBURG, FL 33701		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MORRIS URBAN DEVELOPMENT LLC 105 S. GRADY AVE. TAMPA, FL 33609		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS		IN '	

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:

CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

4/29/07 721 820 0111