

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 01, 2007 08:00 AM
Secretary of State



DOCUMENT # L05000023022

1. Entity Name
PORT 95, L.L.C.

Principal Place of Business 3400 S.W. 26TH TERRACE, STE. A3 FT. LAUDERDALE FL 33312	Mailing Address 3400 S.W. 26TH TERRACE, STE. A3 FT. LAUDERDALE FL 33312
---	---



2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

1st MOORE CR2E083 (10/06)

City & State	City & State	Zip	Country
--------------	--------------	-----	---------

4. FEI Number 20-2614605	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent LEVEY, HARRY 3400 S.W. 26TH TERRACE, STE. A3 FT. LAUDERDALE FL 33312	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

000000615696
02/06/07-80080-023 50.00

9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE	MGRM <input type="checkbox"/> Delete	TITLE		TITLE			
NAME	LEVEY, HARRY	NAME		NAME		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	3400 S.W. 26TH TERRACE, STE. A3	STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL 33312	CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		NAME		NAME			
STREET ADDRESS		STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		NAME		NAME			
STREET ADDRESS		STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		NAME		NAME			
STREET ADDRESS		STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP			

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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]* **HARRY LEVEY** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #