FILED Jan 28, 2008 08:00 AM Secretary of State

2008 LIMITED LIABILITY COMPA

	ANNUA	L REPORT				
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 FT. LAUDERDALE, FL 33312		E. A3			48/18/18/18 1888/ 11 184/	
DO NOT WRITE IN THIS SPA			CE	01082008 No Chg-LLC		33 (12/07)
				4. FEI Number 20-2614605		Applied For Not Applicable
				5. Certificate of Status Desir		5.00 Additional se Required
	6. Name and Address of Curren	t Registered Agent				
LEVEY, HARRY 3400 S.W. 26TH TERRACE, STE. A3 FT. LAUDERDALE, FL 33312				DO NOT		* ***
	The fitting was a second	, , , , , , , , , , , , , , , , , , ,				o postestory Transpersory
	named entity submits this statement ions of registered agent.	for the purpose of changing its register	ed office or register	ed agent, or both, in the State	of Florida. I am fa	miliar with, and accept
SIGNATURE_						
	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE, Registere	d Agent signature required	when reinstating)	DATE	
After May 1, 2008 Fee will be \$538.75)00079987: 408-80085	3 -023 138.75
9.		BERS/MANAGERS				
THTLE NAME	MGRM LEVEY, HARRY				•	
STREET ADDRESS	3400 S.W. 26TH TERRACE, S	ΓE. A3				
CITY-ST-ZIP	FT. LAUDERDALE, FL 33312	•				
NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT	WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			IN THIS		
TITLE NAME STREET ADDRESS - CITY-ST-ZIP				,		

11. I hereby certify that the information supplied with this time 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 truster empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

THILE, ALCES NAME STREET ADDRESS CITY, ST, ZIP

G MEMBER, OR AUTHORIZED REPRESENTATIVE