2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Aug 08, 2007 8:00 am Secretary of State

DOCUMENT # L05000066736 1. Entity Name SOUTHPORT COMMON, LLC					08-08-2007 90013 044 ****50.00					
Principal Place of Business Mailing Address 5820 NW 48TH AVENUE 5820 NW 48TH AVENUE COCONUT CREEK, FL 33073 COCONUT CREEK, FL 33073					10003004					
	Place of Business - No P.O. Box # 78 TROAD NOTTH #, etc.	3. Mailing Address 16239 78 th Road North Suite, Apt. #, etc.			07252007 Chg-LLC CR2E083 (12/06)					
City & Stat	1	City & State		4. F	El Numb	er				oplied For
LoxahaTchee FI Zip Country		LoxahaTchee F1 Zip Country			20-3152931 Not Applicable 5. Certificate of Status Desired \$5.00 Additional					
33470	- 6. Name and Address of Current I	33470	· i						ee Require	
		3.0	Name		VI1.5 (11)	, H. W. W. W. W.	01 14040_140	igistereu A	gent	
WHITE, ROBERT A 1401 UNIVERSITY DRIVE SUITE 600 CORAL SPRINGS, FL 33071				I Address (P.O. Box Number is Not Acceptable)						
CORAL SI	PRINGS, FL 33071		City					FL	Zip Cod	в
8. The above	named entity submits this statement for	registered office o	r registered ag	ent, or bo	oth, in the S	tate of Flor		miliar with,	and accept	
SIGNATURE	lions of registered agent.									
	Signature, typed or printed name of registered agent a	and title if applicable (NOTE	Registered Agent signal	ure required when re	instating)			DATE		
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	ing Fee is \$50.00 by September 14, 2007							check pa Departme		e
Due I	Dy September 14, 2007 MANAGING MEMBE	-	10.	l .		AD		Departme	nt of State	
Due I	by September 14, 2007	RS/MANAGERS	10. TITLE NAME			AD	Florida	Departme		e Addilion
9.	MANAGING MEMBER MGRM	-	TITLE	16239 Loxabato		Road	Florida DITIONS/C No-TA	Departme CHANGES	nt of State	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBER MGRM FONTECCHIO, DAVID R 5820 NW 48TH AVENUE COCONUT CREEK, FL 33073 MGRM	-	TITLE NAME STREET ADDRESS	16239 Loxahato			Florida	Departme CHANGES	nt of State	
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I hereby certify that the information supplied with this filling 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: Not to - DAVID R. FONTECCHIO 8-1-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE
Date