


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

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

08-08-2007 90013 044 \*\*\*\*50.00

**DOCUMENT # L05000066736**

1. Entity Name  
 SOUTHPORT COMMON, LLC



Principal Place of Business  
 5820 NW 48TH AVENUE  
 COCONUT CREEK, FL 33073

Mailing Address  
 5820 NW 48TH AVENUE  
 COCONUT CREEK, FL 33073

2. Principal Place of Business - No P.O. Box #  
 16239 78<sup>th</sup> Road North

3. Mailing Address  
 16239 78<sup>th</sup> Road North

Suite, Apt. #, etc.

City & State  
 Loxahatchee FL

City & State  
 Loxahatchee FL

Zip  
 33470

Country

Zip  
 33470

Country

00001001



07252007 Chg-LLC CR2E083 (12/06)

4. FEI Number  
 20-3152931

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WHITE, ROBERT A  
 1401 UNIVERSITY DRIVE  
 SUITE 600  
 CORAL SPRINGS, FL 33071

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 \_\_\_\_\_

**Filing Fee is \$50.00 Due by September 14, 2007**

**Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FONTECCHIO, DAVID R 5820 NW 48TH AVENUE COCONUT CREEK, FL 33073 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 16239 78 <sup>th</sup> Road North Loxahatchee, FL 33470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FONTECCHIO, ELIZABETH B 5820 NW 48TH AVENUE COCONUT CREEK, FL 33073 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 16239 78 <sup>th</sup> Road North Loxahatchee, FL 33470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SADAR, JAMES F 11701 NW 15TH COURT PLANTATION, FL 33323 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SADAR, PATRICIA D 11701 NW 15TH COURT PLANTATION, FL 33323 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: David R. Fontecchio - DAVID R. FONTECCHIO 8-1-07 954-608-9411

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #