

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90039 019 ***150.00

DOCUMENT # L06000019545

1. Entity Name
PORTS AMERICA TAMPA, LLC



Principal Place of Business
2510 GUY N. VERGER BLVD.
TAMPA, FL 33602

Mailing Address
99 WOOD AVE SOUTH
% PORTS AMERICA, INC. - ATTN:MAUREEN WALSH
ISELIN, NJ 08830

60029894



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02072008 Chg-LLC CR2E083 (12/06)

4. FEI Number

43-2096934

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☒ Delete
NAME MORGAN, DAVE
STREET ADDRESS PORTS AMERICA LOUISIANA, INC-601 LOUISIANA
CITY-ST-ZIP NEW ORLEANS, LA 70115

TITLE P MGRM ☐ Change ☒ Addition
NAME Edwards, Stephen
STREET ADDRESS 99 Wood Ave. S - 8TH FL.
CITY-ST-ZIP Iselin, NJ 08830

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition
NAME Ferrucci, Mark
STREET ADDRESS 99 Wood Ave. S. - 8TH FL.
CITY-ST-ZIP Iselin, NJ 08830

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Change ☒ Addition
NAME Jones, Larry
STREET ADDRESS 2510 Guy N. Verger Blvd
CITY-ST-ZIP Tampa, FL 33602

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TS ☐ Change ☒ Addition
NAME Walsh, Maureen
STREET ADDRESS 99 Wood Ave. S. - 8TH FL.
CITY-ST-ZIP Iselin, NJ 08830

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

Date

Daytime Phone #

4/23/08 732-635-3839