

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000019545

FILED
Apr 07, 2011
Secretary of State

Entity Name: PORTS AMERICA TAMPA, LLC

Current Principal Place of Business:

2510 GUY N. VERGER BLVD.
TAMPA, FL 33602 US

New Principal Place of Business:

Current Mailing Address:

99 WOOD AVE SOUTH
8TH FLOOR
ISELIN, NJ 08830 US

New Mailing Address:

FEI Number: 43-2096934 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: PORTS AMERICA GULFPORT, INC.
Address: 1105 30TH AVE., SUITE 201
City-St-Zip: GULFPORT, MS 39501 US

Title: P
Name: HASSING, MICHAEL
Address: 99 WOOD AVENUE SOUTH 8TH FLOOR
City-St-Zip: ISELIN, NJ 08830 US

Title: CFO
Name: BROWN, KEVIN
Address: 99 WOOD AVENUE SOUTH
City-St-Zip: ISELIN, NJ 08830 US

Title: S
Name: WALSH, MAUREEN
Address: 99 WOOD AVENUE SOUTH 8TH FLOOR
City-St-Zip: ISELIN, NJ 08830 US

Title: T
Name: MAUREEN, WALSH
Address: 99 WOOD AVENUE SOUTH
City-St-Zip: ISELIN, NJ 08830 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: MAUREEN WALSH

S

04/07/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date