

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 16, 2007 8:00 am
Secretary of State

01-30-2007 90034 021 ****55.00

DOCUMENT # L06000021037	
1. Entity Name JON PORT PROPERTIES, LLC	

Principal Place of Business 108 NORTH SMOKY MOUNTAIN ROAD SEFFNER FL 33584	Mailing Address 108 NORTH SMOKY MOUNTAIN ROAD SEFFNER FL 33584
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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

1st MOORE CR2E083 (10/06)

4. FEI Number 260705527		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent WHITE, RONALD C ESQ. 5348 FIRST AVENUE NORTH ST. PETERSBURG FL 33710		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

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

(NOTE: Registered Agent signature required when re-stating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
NAME MGR PORT, JON	☐ Delete	NAME	☐ Change ☐ Addition
STREET ADDRESS 108 NORTH SMOKY MOUNTAIN ROAD		STREET ADDRESS	
CITY, ST, ZIP SEFFNER FL 33584		CITY, ST, ZIP	
NAME	☐ Delete	NAME	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
NAME	☐ Delete	NAME	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
NAME	☐ Delete	NAME	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
NAME	☐ Delete	NAME	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Jon E. Port MGR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1-23-07

813-685-5955/AME
813-208-8418
Date of Filing: 8/16/07