

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**FILED**  
**May 21, 2008 8:00 am**  
**Secretary of State**

05-21-2008 90204 048 \*\*\*143.75

**DOCUMENT # L06000021039**  
 1. Entity Name  
**JON PORT PROPERTIES II, LLC**



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



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 (10/07)

4. FEI Number <b>26-0705544</b>		Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required		Not Applicable <input type="checkbox"/>
6. Name and Address of Current Registered Agent <b>WHITE, RONALD C ESQ.</b> <b>5348 FIRST AVENUE NORTH</b> <b>ST. PETERSBURG FL 33710</b>		7. Name and Address of New Registered Agent Name <b>Jon Edwin Port</b> Street Address (P.O. Box Number is Not Acceptable) <b>108 N Smoky Mountain Rd</b> City <b>Seffner</b> <b>FL</b> Zip Code <b>33584</b>

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: *Jon E. Port*  
(NOTE: Registered Agent signature required when re-registering)      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 NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR</b> <b>PORT, JON</b> <b>108 NORTH SMOKY MOUNTAIN ROAD</b> <b>SEFFNER FL 33584</b> <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
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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 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*      **JON E PORT**      **JAN 28, 2008**      **813-685-5955**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Captain Print #