

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000123770

**FILED**  
**Apr 30, 2009**  
**Secretary of State**

**Entity Name:** M M PORT CHARLOTTE HOLDINGS, LLC

**Current Principal Place of Business:**

1601 BELVEDERE ROAD  
SUITE 200E  
WEST PALM BEACH, FL 33406

**New Principal Place of Business:**

**Current Mailing Address:**

1601 BELVEDERE ROAD  
SUITE 200E  
WEST PALM BEACH, FL 33406

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WOJNAR, MARK J  
1601 BELVEDERE ROAD  
SUITE 200E  
WEST PALM BEACH, FL 33406 US

**Name and Address of New Registered Agent:**

CABOT, MICHAEL M  
1601 BELVEDERE ROAD  
SUITE 200E  
WEST PALM BEACH, FL 33406 US

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: MICHAEL M CABOT

04/30/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: WOJNAR, MARK J  
Address: 1601 BELVEDERE ROAD, SUITE 200E  
City-St-Zip: WEST PALM BEACH, FL 33406

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: CABOT, MICHAEL M  
Address: 1601 BELVEDERE ROAD, SUITE 200E  
City-St-Zip: WEST PALM BEACH, FL 33406

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: MICHAEL M CABOT

RA

04/30/2009

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