

2004 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED

04 MAY 21 PM 4:12

CLERK OF STATE
TALLAHASSEE FLORIDA

5/21

DOCUMENT # L98000001844			
1. Entity Name PORT 1100, L.L.C.			
Principal Place of Business 1100 SE 24TH STREET FORT LAUDERDALE, FL 33335		Mailing Address P.O. BOX 535 RICHFIELD, OH 44286-0535 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



05032004	Chg-LLC	CR2E083 (10/03)	5/21
4. FEI Number 65-0869710		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent Heidgerd, Frederick CPA 600 W. Hillsborou Blvd. Suite 520 Deerfield Beach, FL 33441		7. Name and Address of New Registered Agent Name: JOHN T DAVID, Esq Street Address (P.O. Box Number is Not Acceptable): 408 S. ANDREWS AVE, SUITE 202 City: FT LAUDERDALE FL Zip Code: 33301	
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:		DATE: 5-5-04	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	

Amended AR is \$50.00	Make check payable to Florida Department of State
-----------------------	--

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PAWUK, EMIL 7000 S.E. LAKEVIEW TERRACE STUART, FL 34996 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PAWUK, E. MARK 2958 BRECKSVILLE ROAD RICHFIELD, OH 442860535 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

1. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:	5-3-04 330-659-9393
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	

MGRM