

**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DATE RECEIVED
SEP 11 AM 9:24

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5/11



1. Name of Limited Partnership
**1a. DOCUMENT #
A93000000831**

PORTA MANGROVE, LTD.

Mailing Address: 13925 58TH STREET N. CLEARWATER FL 33760
Principal Office Address: 13925 58TH STREET N. CLEARWATER FL 33760

3. Date Formed or Registered: 08/10/1993
5a. Capital Contributions as Shown on record: \$483,000.00

3a. Date of Last Report: 04/07/1998
5b. Amount of Capital Contributions in FLORIDA to date: 483,000.00

4. State or Country of Formation: FL
6. FEI Number: 59-3195455
 Applied For
 Not Applicable

7. Certificate of Status Desired: \$8.75 Additional Fee Required
8. Make check payable to Dept. of State (See reverse side for fee information)

2. Mailing Address
Suite, Apt. #, etc
City & State
Zip Country

2a. Principal Office Address
Suite, Apt. #, etc
City & State
Zip Country

9. Name and Address of Current Registered Agent
**WOHLWEND, BETH
C/O MELITTA N.A., INC.
13925 58TH STREET N.
CLEARWATER FL 33760**

10. If changed, new Registered Agent/Office
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc: 000002874290-6
City: -05/13/99-01087-019
***1035.FL ***1035.00

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment): *Beth Wohlwend* DATE: 4/30/99

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration Document Number
PORTA HOLDINGS II, INC.	13925 58TH ST N 1756 U.S. 19 NORTH,	CLEARWATER FL 33760 34624	P93000056239

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE: *Michael O'Keefe* DATE: 4/30/99
Typed or Printed Name of General Partner Signing Form: **Michael O'Keefe, Secretary** Daytime Telephone Number: (727) 535-2111

CR2E003 (8/98)