

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005


FILE

2005 APR 14 PM 1:06

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # A9300000831

1. Entity Name
 PORTA MANGROVE, LTD.



Principal Place of Business
 13925 58TH STREET N.
 CLEARWATER, FL 33760

Mailing Address
 13925 58TH STREET N.
 CLEARWATER, FL 33760



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

01122005 Chg-LP CR2E003 (10/03)

4. FEI Number
 59-3195455

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WOHLWEND, BETH
 13925 58TH STREET N.
 CLEARWATER, FL 33760

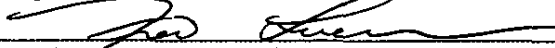
7. Name and Address of New Registered Agent

Name
 Fred Lueck

Street Address (P.O. Box Number is Not Acceptable)
 13925 58th Street N.

City
 Clearwater FL Zip Code
 33760

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 3-14-05

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

9. Capital Contributions as Shown on record. \$483,000.00

10. Amount of Capital Contributions in FLORIDA to date.

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P93000056239	STREET ADDRESS	
NAME	PORTA HOLDINGS II, INC.	CITY-ST-ZIP	
STREET ADDRESS	13925 58TH ST N		200054033142
CITY-ST-ZIP	CLEARWATER, FL 33760		05/06/05--01115--018 **\$35.00
DOCUMENT #		STREET ADDRESS	
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STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:  DATE 3-14-05 727 124-4837

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER