

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A93000000833
 1. Entity Name
PORTA SPRINGS, LTD.

FILED
 01 MAY -4 AM 11:54
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
 13925 58TH STREET NORTH 13925 58TH STREET NORTH
 CLEARWATER FL 33760 CLEARWATER FL 33760



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
59-3195459 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 NORTH
CLEARWATER FL 33760

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record. **\$1,845,721.00** 10. Amount of Capital Contributions in FLORIDA to date. 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

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		
CITY-ST-ZIP	CLEARWATER FL 33760		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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CITY-ST-ZIP			

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*****535.00 ***535.00**

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: **BETH WOHLWEND** **REBETH WOHLWEND** **4/30/01** **(727) 524 483**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #