


FILED
May 17, 2004 8:00 am
Secretary of State

04-30-2004 90078 031 ****50.00

**2004 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

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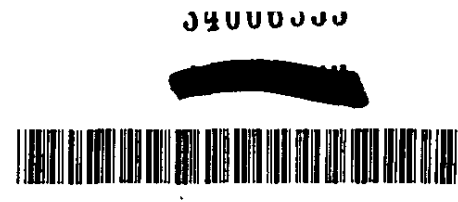
1. Entity Name
 PORTEN BUILDERS LEASING-FL, LLC



Principal Place of Business Mailing Address

666 S. MILITARY TRAIL 666 S. MILITARY TRAIL
 DEERFIELD BEACH, FL 33442 DEERFIELD BEACH, FL 33442

DO NOT WRITE IN THIS SPACE



04152004 No Chg-LLC CR2E083 (10/03)

4. FEI Number Applied For
 58-2662866 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PORTEN-SCOTT B
 666 S. MILITARY TRAIL
 DEERFIELD BEACH, FL 33442

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 IN THIS SPACE**

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 _____
Signature, typed or printed name of Registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**Filing Fee is \$50.00
 Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	PORTEN, SCOTT
STREET ADDRESS	666 S MILITARY TRAIL
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
TITLE	MGRM mgr
NAME	PORTEN, STEPHEN
STREET ADDRESS	666 S MILITARY TRAIL
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
TITLE	VP
NAME	COREN, GEORGE
STREET ADDRESS	666 S MILITARY TRAIL
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
TITLE	MGRM mgr
NAME	JAMES NANCY Porten, Nancy
STREET ADDRESS	666 S MILITARY TRAIL
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. 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: *Nancy Porten* VP 4/26/04 954 422
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone 1883

George V. Coren