

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90005 045 ****50.00



DOCUMENT # L02000025837

1. Entity Name
 PORTEN MANAGEMENT, LLC

Principal Place of Business
 666 S. MILITARY TRAIL
 DEERFIELD BEACH, FL 33442

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



02092006 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|---|---------------------------------------|
| 4. FEI Number 16-1632670 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent

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

DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
 Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM PORTEN, SCOTT 666 SOUTH MILITARY TRAIL DEERFIELD BEACH, FL 33442 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V.P. George Cohen 666 S. Military Trail Deerfield Beach FL 33442 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S.V.P. Lennie F. Smith 666 S. Military Trail Deerfield Beach FL 33442 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: George J. Cohen 3/15/06 954 422 1883
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #