

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90374 048 ****50.00

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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

2. Principal Place of Business - No P.O. Box #
 333 NE 2nd St
 Suite, Apt. #, etc.

3. Mailing Address
 333 NE 2nd St
 Suite, Apt. #, etc.

04032007 Chg-LLC CR2E083 (12/06)

City & State
 Delray Beach FL

City & State
 Delray Beach, FL

Zip
 33483

Country
 USA

Zip
 33483

Country
 USA

4. FEI Number
 16-1632670

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 COREN, GEORGE
 666 S. MILITARY TRAIL
 DEERFIELD BEACH, FL 33442

7. Name and Address of New Registered Agent

Name
 George Coren

Street Address (P.O. Box Number is Not Acceptable)
 333 NE 2nd St

City
 Delray Beach FL

Zip Code
 33483

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 George J. Coren George J. Coren 4/19/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

Filing Fee is \$50.00 Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PORTEN, SCOTT 666 SOUTH MILITARY TRAIL DEERFIELD BEACH, FL 33442 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COREN, GEORGE 666 S. MILITARY TRAIL DEERFIELD BEACH, FL 33442 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP SMITH, LENNIE F 666 S. MILITARY TRAIL DEERFIELD BEACH, FL 33442 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	333 NE 2nd St <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Delray Beach FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	333 NE 2nd St <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Delray Beach FL 33483
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	333 NE 2nd St <input type="checkbox"/> Change <input type="checkbox"/> Addition Delray Beach FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: George J. Coren 4/19/07 561 819 1109
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #