

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000025837

FILED
Feb 23, 2009
Secretary of State

Entity Name: PORTEN MANAGEMENT, LLC

Current Principal Place of Business:

333 NE 2ND ST
DELRAY BEACH, FL 33483

New Principal Place of Business:

Current Mailing Address:

333 NE 2ND ST
DELRAY BEACH, FL 33483

New Mailing Address:

FEI Number: 16-1632670 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, LENNIE
333 NE 2ND ST
DELRAY BEACH, FL 33483 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PORTEN, SCOTT
Address: 333 NE 2ND ST
City-St-Zip: DELRAY BEACH, FL 33483

Title: VP () Delete
Name: COREN, GEORGE
Address: 333 NE 2ND ST
City-St-Zip: DELRAY BEACH, FL 33483

Title: SVP () Delete
Name: SMITH, LENNIE F
Address: 333 NE 2ND ST
City-St-Zip: DELRAY BEACH, FL 33483

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SCOTT PORTEN

MGRM

02/23/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date