

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000027108

FILED  
Jan 07, 2004  
Secretary of State

**Entity Name:** PORT EVERGLADES PROPERTIES, LLC

**Current Principal Place of Business:**

1080 S.E. THIRD AVENUE  
FORT LAUDERDALE, FL 33316

**New Principal Place of Business:**

140 ROYAL PALM WAY  
SUITE 202  
PALM BEACH, FL 33480 US

**Current Mailing Address:**

P.O. BOX 7650  
FORT LAUDERDALE, FL 333387650

**New Mailing Address:**

P.O. BOX 7650  
FORT LAUDERDALE, FL 333387650 US

FEI Number: 56-2379573

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MELTLER, PETER  
140 ROYAL PALM WAY, SUITE 202  
PALM BEACH, FL 33460 US

**Name and Address of New Registered Agent:**

MELTLER, PETER W  
140 ROYAL PALM WAY  
SUITE 202  
PALM BEACH, FL 33480 US

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: PETER W. METTLER

01/07/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: WINTHROP VENTURE MAN, AGEMENT, INC.  
Address: P.O. BOX 7650  
City-St-Zip: FORT LAUDERDALE, FL 333387650

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: WINTHROP VENTURE MAN, AGEMENT, INC.  
Address: P.O. BOX 7650  
City-St-Zip: FORT LAUDERDALE, FL 333387650 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: EARL T. SHANNON

PRES

01/07/2004

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