

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000016977

Entity Name: PORTFOLIO.NET LLC

FILED
Feb 17, 2006
Secretary of State

Current Principal Place of Business:

110 WASHINGTON AVENUE
1502
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

110 WASHINGTON AVENUE
1502
MIAMI BEACH, FL 33139

New Mailing Address:

FEI Number: 20-0823399

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TALIESON ADVISORY CORP.
9655 S DIXIE HWY, STE 101
MIAMI, FL 33156 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: ROSERO, LUIS E
Address: 110 WASHINGTON AVENUE, #1502
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGRM () Delete
Name: ERAZO DE ROSERO, NUBIA T
Address: 110 WASHINGTON AVENUE, #1502
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGR () Delete
Name: ROSERO, MARIA P
Address: 110 WASHINGTON AVENUE, #1502
City-St-Zip: MIAMI BEACH, FL 33139

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 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: NUBIA TERESA ERAZO DE ROSERO

MGR

02/17/2006

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