2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

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04-26-2005 90011 025 ****50.00 DOCUMENT # L04000025716 Entity Name PORTUS, L.L.C. 20047326 Principal Place of Business Mailing Address 520 BRICKELL KEY DRIVE, SUITE 0-305 520 BRICKELL KEY DRIVE, SUITE 0-305 MIAMI, FL 33131 MIAMI, FL 33131 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01172005 Chg-LLC CR2E083 (10/03) City & State 4. FEI Number Applied For City & State 20-11078000 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Transalobal Corp-Administration TRANSGLOBAL CORPORATE ADMINISTRATION, INC. Street Address (P.O. Box Number is Not Acceptable) 520 Brickell Key Dr 520 BRICKELL KEY DRIVE, SUITE O-305 MIAMI, FL 33131 0-305 Suite City Miami 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 Signature, typed or printed ne (NOTE: Registered Agent signature required when reinstating) d title if applicable Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. STANHAN Nicholas 500 Bricken Vey Dr. TITLE MGR TITLE Addition ☐ Delete NAME GOMES PEREIRA, JOAO NAME 305 STREET ADDRESS 520 BRICKELL KEY DRIVE, SUITE O-305 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131 CITY-ST-ZIP MGR TITLE Delete TITLE Change Addition GOMES FONTES, JAIR NAME NAME 520 BRICKELL KEY DRIVE, SUITE O-305 STREET ADORESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F Change ☐ Addition TITLE ☐ Detete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify 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 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.

ME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Apr 26, 2005 8:00 am Secretary of State