

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Feb 07, 2008  
Secretary of State**

DOCUMENT# L04000078499

Entity Name: PORT ENTERPRISES, LLC

**Current Principal Place of Business:**

500 STATE ROAD 436  
SUITE 2078  
CASSELBERRY, FL 32707

**New Principal Place of Business:**

**Current Mailing Address:**

2141 DURBAN COURT  
OVIEDO, FL 32765

**New Mailing Address:**

FEI Number: 20-1816198      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

PORT, DAVID  
2141 DURBAN COURT  
OVIEDO, FL 32765    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: PORT, DAVID  
Address: 2141 DURBAN COURT  
City-St-Zip: OVIEDO, FL 32765

Title: MGRM ( ) Delete  
Name: PORT, AMANDA  
Address: 2141 DURBAN COURT  
City-St-Zip: OVIEDO, FL 32765

**ADDITIONS/CHANGES:**

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: AMANDA PORT

MGRM

02/07/2008

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