


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90038 028 ****50.00

DOCUMENT # L05000081641					
1. Entity Name PORTELA INVESTMENTS, LLC					
Principal Place of Business 100 S.E. 2ND STREET 34TH FLOOR MIAMI, FL 33131		Mailing Address 100 S.E. 2ND STREET 34TH FLOOR MIAMI, FL 33131		2006047	
2. Principal Place of Business 3001 PONCE DE LEON BLVD Suite, Apt. #, etc. 203		3. Mailing Address 3001 PONCE DE LEON BLVD. Suite, Apt. #, etc. 203			
City & State CORAL GABLES, FL		City & State CORAL GABLES, FL		4. FEI Number 56-2533260	
Zip 33134		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BIPC CORPORATE REGISTERED AGENTS, INC. 100 S.E. 2ND STREET 34TH FLOOR MIAMI, FL 33131			7. Name and Address of New Registered Agent Name ELENA MENDEZ Street Address (P.O. Box Number is Not Acceptable) 3001 PONCE DE LEON BLVD. SUITE 203 City CORAL GABLES FL Zip Code 33134		
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 <u>ELENA MENDEZ</u> <i>Elena Mendez</i> DATE <u>04-23-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ANA C. PORTELA P.O. Box 452053 MIAMI, FL 33245 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
SIGNATURE: <u><i>Ana C. Portela</i></u> <u>4/7/06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> <small>Date Daytime Phone #</small>					