


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90119 025 ***138.75

DOCUMENT # L05000081641

1. Entity Name
PORTELA INVESTMENTS, LLC



Principal Place of Business
 2151 SOUTH LE JEUNE RD
 SUITE 204
 CORAL GABLES, FL 33134

Mailing Address
 2151 SOUTH LE JEUNE RD
 SUITE 204
 CORAL GABLES, FL 33134

60002702



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01032008 Chg-LLC CR2E083 (12/06)

City & State

4. FEI Number
56-2533260

Applied For
 Not Applicable

Zip Country

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MENDEZ, ELEN
 2151 SOUTH LE JEUNE RD
 SUITE 204
 CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name **MENDEZ, ELENA**
 Street Address (P.O. Box Number is Not Acceptable)
2151 S. LE JEUNE RD.
 SUITE 204
 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 *Elena Mendez* (NOTE: Registered Agent signature required when reinstating) DATE **01-17-08**

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75



Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGRM	PORTELA, ANA C	POB 452053	MIAMI, FL 33245	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

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"/>	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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: *ANA C PORTELA* **ANA C PORTELA** Date **1/17/08** Daytime Phone #