

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000040424

FILED  
Apr 07, 2009  
Secretary of State

**Entity Name:** PORTER-DAVIS REAL ESTATE BROKERAGE, LLC

**Current Principal Place of Business:**

3620 COLONIAL BLVD, STE 215  
FT. MYERS, FL 33966

**New Principal Place of Business:**

3620 COLONIAL BLVD, STE 215  
SUITE 215  
FT. MYERS, FL 33966

**Current Mailing Address:**

3620 COLONIAL BLVD, STE 215  
FT. MYERS, FL 33966

**New Mailing Address:**

3620 COLONIAL BLVD, STE 215  
SUITE 215  
FT. MYERS, FL 33966

**FEI Number:** 20-8917240

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

OLOFSON-RING, ALLEN S  
301 NORTH 15TH STREET  
IMMOKALEE, FL 34142 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: MGR ( ) Delete  
Name: PORTER-DAVIS INVESTMENTS, LLC  
Address: 301 NORTH 15TH STREET  
City-St-Zip: IMMOKALEE, FL 34142

Title: MGR ( ) Delete  
Name: BLOCKER, CURTISS  
Address: 301 NORTH 15TH STREET  
City-St-Zip: IMMOKALEE, FL 34142

Title: MGR ( ) Delete  
Name: BLOCKER, BRIAN  
Address: 301 NORTH 15TH STREET  
City-St-Zip: IMMOKALEE, FL 34142

**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 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: ALLEN OLOFSON-RING

MGR

04/07/2009

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