

NOTICE: IMPORTANT

DUE BY MAY 1, 2007

DOCUMENT # A04553

1. Entity Name

INSITE OF FLORIDA LTD. #1



**FILED**  
**Mar 05, 2007 08:00 AM**  
**Secretary of State**

Principal Place of Business

3270 S.W. 3 AVE.  
FT LAUDERDALE FL 33315

Mailing Address

3270 S.W. 3 AVE.  
FT LAUDERDALE FL 33315



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1737870

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E003 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BENTON, ROBERT T.  
3270 SW 3 AVE.  
FORT LAUDERDALE FL 33315

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 name of registered agent and title if applicable.

DATE

**FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2007, fee will be \$900. \*\*\* Make check payable to Florida Department of State.**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # P98000098222  
NAME PORTSIDE MANAGEMENT, INC.  
STREET ADDRESS 3270 S.W. 3 AVE.  
CITY-STATE-ZIP FT LAUDERDALE FL 33315

STREET ADDRESS

CITY-STATE-ZIP

U00000657990  
03/15/07-80020-009 500.00

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STREET ADDRESS

CITY-STATE-ZIP

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE:

*Robert T. Benton* Robert T. Benton

Date

Daytime Phone #

03-01-07 463-2533

STAPLE CHECK HERE