

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

08 MAY -1 AM 8:21

**DOCUMENT # A07000000956**

1. Entity Name  
 PORTFOLIO OPERATIONS, LP



Principal Place of Business  
 8362 PINES BLVD., SUITE #397  
 PEMBROKE PINES, FL 33024

Mailing Address  
 8362 PINES BLVD., SUITE #397  
 PEMBROKE PINES, FL 33024



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

04252008

Chg-LP

CR2E003 (12/06)

4. FEI Number

26 0690556

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

PINDER, RYAN  
 3111 STIRLING ROAD  
 FT. LAUDERDALE, FL 33312

7. Name and Address of New Registered Agent

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 \$500.00**  
**After May 1, 2008, Fee will be \$900.00**

**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

DOCUMENT # L07000081737  
 NAME POGP, LLC  
 STREET ADDRESS 1738 N.E. 7 STREET  
 CITY-ST-ZIP FT. LAUDERDALE, FL 33304

13. ADDRESS CHANGES ONLY

STREET ADDRESS

8362 PINES BLVD # 397

CITY-ST-ZIP

PEMBROKE PINES, FL 33024

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4-27-08 954 985 8835

STAPLE CHECK HERE