

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**  
**Apr 02, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # A99000002132**

1. Entity Name  
**PORTER GROUP LIMITED PARTNERSHIP**



Principal Place of Business  
**9696 BONITA BEACH ROAD, STE 102  
BONITA SPRINGS, FL 31435**

Mailing Address  
**9696 BONITA BEACH ROAD, STE 102  
BONITA SPRINGS, FL 31435**



03162007 No Chg-LP CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3613362**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**FORBES, CHRISTINA P.  
3637 RACHEL LANE  
NAPLES, FL 34112**

**DO NOT WRITE  
IN THIS SPACE**

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, 2007, 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 #	
NAME	FORBES, CHRISTINA P
STREET ADDRESS	3736 RACHEL LANE
CITY-ST-ZIP	NAPLES, FL 34103
DOCUMENT #	
NAME	PORTER, THOMAS V IV
STREET ADDRESS	2364 EAST TAMiami TRAIL, SUITE 101
CITY-ST-ZIP	NAPLES, FL 34112
DOCUMENT #	
NAME	TRUESDALL, CLARICE P
STREET ADDRESS	1550 REDWOOD AVE.
CITY-ST-ZIP	BOULDER, CO 80304
DOCUMENT #	
NAME	PORTER, JOHN B
STREET ADDRESS	27301 DRIFT WOOD DRIVE
CITY-ST-ZIP	NAPLES, FL 34135
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000688343  
04/10/07-80076-016 500.00

**DO NOT WRITE  
IN THIS SPACE**

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 #

3-28-07- 239-444-1400

STAPLE CHECK HERE