

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Feb 07, 2008 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**

DO NOT WRITE IN THIS SPACE



01292008 No Chg-LP

CR2E003 (12/06)

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, 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 #	
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	

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02/18/08-80008-016 500.00

**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:

Christina Forbes **Christina Forbes**

2/5/08

239-444-1400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE