

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

**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**

**FILED**  
**Feb 07, 2008 08:00 AM**  
**Secretary of State**



01292008 No Chg-LP CR2E003 (12/06)

4. FEI Number <b>59-3613362</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**DO NOT WRITE IN THIS SPACE**

**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**

U000000819933  
02/18/08-80008-016 500.00

**DO NOT WRITE  
IN THIS SPACE**

STAPLE CHECK HERE

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

*Christina Forbes*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/5/08 239-444-1400

Date

Daytime Phone #