

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Apr 19, 2005 08:00 AM
Secretary of State**

DOCUMENT # L00000008337

1. Entity Name
PORTEN CUSTOM HOMES, L.C.



Principal Place of Business
**666 S. MILITARY TRL.
DEERFIELD BEACH, FL 33442**

Mailing Address
**666 S. MILITARY TRL.
DEERFIELD BEACH, FL 33442**



02252005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1023953

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**COREN, GEORGE
666 S MILITARY TRAIL
DEERFIELD BEACH, FL 33442**

**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.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE PD
NAME PORTEN, SCOTT B
STREET ADDRESS 666 S. MILITARY TRL.
CITY- ST- ZIP DEERFIELD BEACH, FL 33442

TITLE VP
NAME COREN, GEORGE J
STREET ADDRESS 666 S. MILITARY TRL.
CITY- ST- ZIP DEERFIELD BEACH, FL 33442

TITLE MGRM
NAME PORTEN, Nanci
STREET ADDRESS 666 S MILITARY TRAIL
CITY- ST- ZIP DEERFIELD BEACH, FL 33442

TITLE MGRM
NAME PORTEN, STEPHEN
STREET ADDRESS 666 S MILITARY TRAIL
CITY- ST- ZIP DEERFIELD BEACH, FL 33442

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

L000000315169
04/19/05-80022-016 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

George J. Coren 4/15/05 754 422-1883