


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 17, 2007 08:00 AM
Secretary of State

DOCUMENT # L01000003303 1. Entity Name PORT ROYAL, LLC	
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Principal Place of Business 3380 RUM ROW NAPLES, FL 34103	Mailing Address 5307 RANDOLPH RD ROCKVILLE, MD 20852
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01042007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3716454	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent YOVANOVICH, RICHARD ESQ GOODLETTE, COLEMAN, JOHNSON, P.A. NO. TRUST BK BLDG, 4001 TAMIAMI TRL N NAPLES, FL 34103	DO NOT WRITE IN THIS SPACE
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2007**

000000588110
01/17/07-88058-021 55:00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FALLER, CHARLES S JR 3880 RUM ROW NAPLES, FL 341027849
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FALLER, CHARLES S III 5307 RANDOLPH ROAD ROCKVILLE, MD 20852
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**DO NOT WRITE
IN THIS SPACE**

11. 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 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: *Charles S Faller III* **Charles S. Faller III** **1/5/07** **301-231-6000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #