

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 17, 2005 08:00 AM
Secretary of State

JMENT # L02000001119
Name
PORT, LLC



Principal Place of Business
785 S.E. PORTAGE AVE.
PORT ST. LUCIE, FL 34984

Mailing Address
785 S.E. PORTAGE AVE.
PORT ST. LUCIE, FL 34984



DO NOT WRITE IN THIS SPACE

03142005No Chg-LLC CR2E083 (10/03)

4. FEI Number
30-0010626 Applied For
Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DEAN MEAD SERVICES, LLC
800 N. MAGNOLIA AVE.
SUITE 1500
ORLANDO, FL 32803

**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 NAME STREET ADDRESS CITY - ST - ZIP	MGRM HANSEN, SUSAN J 785 SE PORTAGE AVENUE PORT SAINT LUCIE, FL 34984
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HANSEN, FRED H 785 SE PORTAGE AVENUE PORT SAINT LUCIE, FL 34984
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03/17/05-80069-004 50.00

**DO NOT WRITE
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)(i), 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

F. HANSEN

MAR. 14, 2005 772-873-0690

Date

Daytime Phone #