2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000001658

FILED Apr 13, 2004 Secretary of State

Entity Name: PORTER PROPERTIES, LLC **Current Principal Place of Business: New Principal Place of Business:** 528 15TH AVENUE SOUTH NAPLES, FL 34102 **Current Mailing Address: New Mailing Address:** PO BOX 60 DECATUR, IN 46733 FEI Number: 32-0019317 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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. SIGNATURE: Electronic Signature of Registered Agent Date **MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES:** MGRM () Change () Addition () Delete PORTER, GRANT R Name: Name: Address: 1501 HIGH STREET Address: City-St-Zip: DECATUR, IN 46733 City-St-Zip: Title: MGRM () Delete Title: MGRM (X) Change () Addition Name: PORTER, WAYNE M Name: PORTERBRUNE, JEAN Address: 1725 WINCHESTER RD. Address: 1717 WINCHESTER RD. City-St-Zip: DECATUR, IN 46733 City-St-Zip: DECATUR, IN 46733 Title: MGRM (X) Delete Title: () Change () Addition PORTER BRUNE, JEAN Name: Name: Address: 1717 WINCHESTER RD. Address: City-St-Zip: DECATUR, IN 46733 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: GRANT R PORTER MGRM 04/13/2004