


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 30, 2006 8:00 am**  
**Secretary of State**

01-30-2006 90149 008 \*\*\*\*50.00

<b>DOCUMENT # L02000019336</b> 1. Entity Name <b>PORTAL ENTERPRISES LLC</b>					
Principal Place of Business 225 LOMA DEL SOL DR. DAVENPORT, FL 33896				Mailing Address 225 LOMA DEL SOL DR. DAVENPORT, FL 33896	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc. <b>11454 VIA LUCERNA CIR.</b>		Suite, Apt. #, etc. <b>11454 VIA LUCERNA CIR.</b>		01212006    Chg-LLC    CR2E083 (11/05)	
City & State <b>WINDERMERE, FL</b>		City & State <b>WINDERMERE, FL</b>		4. FEI Number <b>36-4502958</b>	
Zip <b>34786</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
TORO, RUBEN D 7345 SAND LAKE RD. 204 ORLANDO, FL 32819				Name <b>MAURICIO VILLA</b> Street Address (P.O. Box Number is Not Acceptable) <b>11454 VIA LUCERNA CIR.</b> City <b>WINDERMERE</b> <b>FL</b> Zip Code <b>34786</b>	
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 <i>[Signature]</i> DATE <b>01/24/06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>				<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VILLA, MAURICIO A 225 LOMA DEL SOL DR. DAVENPORT, FL 33896	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VILLA, MAURICIO A. 11454 VIA LUCERNA CIR. WINDERMERE, FL 34786	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LARA, CARLOS A 57 HARRIS RD. AVON, CT 06001	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 of the receiver of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date <b>01/24/06</b> Daytime Phone # <b>407-3012889</b>	