2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000022857

1. Entity Name PORTEN RUSSELL, LLC



Principal Place of Business

666 SOUTH MILITARY TRAIL DEERFIELD BEACH, FL 33442 Mailing Address 666 SOUTH MILITARY TRAIL DEERFIELD BEACH, FL 33442

FILED Apr 28, 2004 08:00 AM-Secretary of State



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4. FEI Number 05-0530370

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHROEDER AND LARCHE, P.A. 120 EAST PALMETTO PARK ROAD, SUITE 150 BOCA RATON, FL 33432

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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 agen:	

SIGNATURE_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE Regestered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00 Due by May 1, 2004

9.	MANAGING MEMBERS/MANAGERS
TOTALE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RUSSELL 315, INC 172 NE 2ND AVE DELRAY BEACH, FL 33444
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PR-PCI, LC 666 MILITARY TRL DEERFIELD BEACH, FL 33442
I-TLE NAME SIREET ADDRESS CITY-ST-ZIP	
NAME STRAET ADDRESS C/TY-ST-ZIP	
NAME STREET ADDRESS CITY-ST-ZIP	
NAME STREET ADDRESS CITY-ST-ZIP	

U00000135368 04/28/04-80057-005 50.00

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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 RIGHING MANAGING TREMBER, OR AUTHORIZED REPRESENTATIVE

3/2 F/04 954 432 280