

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000023684

**FILED**  
**Jan 05, 2011**  
**Secretary of State**

**Entity Name:** PORTICOS 3837 LLC

**Current Principal Place of Business:**

3837 NORTHWEST BOCA RATON BOULEVARD  
BOCA RATON, FL 33431 US

**New Principal Place of Business:**

**Current Mailing Address:**

3837 NORTHWEST BOCA RATON BOULEVARD  
BOCA RATON, FL 33431 US

**New Mailing Address:**

**FEI Number:** 35-2180687

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GAINES, ANDREW  
2985 CENTER PORT CIRCLE  
SUITE 1  
POMPANO BEACH, FL 33064 US

**Name and Address of New Registered Agent:**

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/MANAGERS:**

**Title:** MGRM  
**Name:** GAINES, ANDREW  
**Address:** 3873 NORTHWEST BOCA RATON BOULEVARD  
**City-St-Zip:** BOCA RATON, FL 334315858 US

**Title:** MGRM  
**Name:** GAINES, PATRICK S  
**Address:** 3837 NORTHWEST BOCA RATON BOULEVARD  
**City-St-Zip:** BOCA RATON, FL 334315858 US

**Title:** MGRM  
**Name:** FITZGIBBON, ROBERT F  
**Address:** 3837 NORTHWEST BOCA RATON BOULEVARD  
**City-St-Zip:** BOCA RATON, FL 334315858 US

I hereby 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:** PATRICK S GAINES

MGRM

01/05/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date