2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State
02-21-2005 90174 045 ****50.00

20013106

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1. Entity Name
PORTER FAMILY II, LLC

Principal Place of Business	Mailing Address
KELLY, PASSIDOMO & ALBA, LLP 2640 GOLDEN GATE PKWY., STE. 305 NAPLES, FL 34105	KELLY, PASSIDOMO & ALBA, LLP 2640 GOLDEN GATE PKWY., STE. 305 NAPLES, FL 34105

02102005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
9696 BONITA BEACH ROAD	9696 BONITA BEACH ROAD
Suite, Apt. #, etc.: SUITE 102	Suite, Apt. #, etc.: SUITE 102
City & State: BONITA SPRINGS, FL	City & State: BONITA SPRINGS, FL
Zip: 34135 Country: U.S.	Zip: 34135 Country: U.S.

4. FEI Number 59-3613362 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

KELLY, CHARLES M JR.
2640 GOLDEN GATE PKWY., STE. 305
NAPLES, FL 34105

7. Name and Address of New Registered Agent

Name: CHRISTINA P. FORBES
Street Address (P.O. Box Number is Not Acceptable): 9696 BONITA BEACH ROAD
SUITE 102
City: BONITA SPRINGS FL Zip Code: 34135

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] DATE: 2-15-05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PORTER GROUP LIMITED PARTNERSHIP 2640 GOLDEN GATE PKWY, #305 NAPLES, FL 34105	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(NO CHANGE TO TITLE) (" " " NAME) 9696 BONITA BEACH ROAD, SUITE 102 BONITA SPRINGS, FL 34135 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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] 2-15-05 239 444-1400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #