FILED 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT Jan 23, 2006 08:00 AM **Secretary of State** CUMENT # L02000023814 ORTER FAMILY II, LLC Incipal Place of Business Mailing Address 696 BONITA BEACH ROAD 9696 BONITA BEACH ROAD **DITE 102** SUITE 102 UNITA SPRINGS, FL 34135 US BONITA SPRINGS, FL 34135 01202006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3613362 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ORBES, CHRISTINA P DO NOT WRITE 95 BONITA BEACH ROAD IN THIS SPACE CINITA SPRINGS, FL 34135 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. GNATURE Signature, typed or printed name of registered agent and title if applicable INOTE: Registered Agent signature required when reinstating DATE Filing Fee is \$50.00 Due by May 1, 2006 MANAGING MEMBERS/MANAGERS MGRM PORTER GROUP LIMITED PARTNERSHIP 9696 BONITA BEACH ROAD SUITE 102 U00000398137 7-31-20° BONITA SPRINGS, FL 34135 01/30/06-80083-008 50.00 ELI ADDITESS EET ADDRESS DO NOT WRITE -57-71 IN THIS SPACE -37-21P

1. I hereby certily that the information supplied with this titing 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 eath; that I am a managing member or manager of the immited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

GNATURE: SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

TEET ADURESS

1/20/06

239-566-1800

Daytime Phone #