FILED
Feb 21, 2005 8:00 am
Secretary of State
02-21-2005 90174 044 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000023817

1. Entity Name
PORTER FAMILY I, LLC

Principal Place of Business	Mailing Address
2640 GOLDEN GATE PKWY, SUITE 305 NAPLES, FL 34105	2640 GOLDEN GATE PKWY, SUITE 305 NAPLES, FL 34105

20013107

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 NOT APPLICABLE ☐ 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, SUITE 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] 2.15.05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 ☐ Delete PORTER GROUP LMITED PARTNERSHIP 2640 GOLDEN GATE PKWY #305 NAPLES, FL 34105	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(NO CHANGE TO TITLE) ☒ Change ☐ Addition (" " " NAME) 9696 BONITA BEACH ROAD, SUITE 102 BONITA SPRINGS, FL 34135
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
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
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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #