

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000001057

1. Entity Name
 CHAMBORD PCI, LC



Principal Place of Business
 666 S. MILITARY TRAIL
 C/O PORTEN COMPANIES, INC.
 DEERFIELD BEACH, FL 33442

Mailing Address
 666 S. MILITARY TRAIL
 C/O PORTEN COMPANIES, INC.
 DEERFIELD BEACH, FL 33442



02252005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 52-2264537

Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PORTEN, SCOTT B
 666 S. MILITARY TRAIL
 DEERFIELD BEACH, FL 33442

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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 agent.

SIGNATURE _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY, ST, ZIP	MGRM PORTER HOLDINGS INC 666 SOUTH MILITARY TRAIL DEERFIELD BEACH, FL 33442
TITLE NAME STREET ADDRESS CITY, ST, ZIP	MGR PORTER, SCOTT 666 S. MILITARY TRAIL DEERFIELD BEACH, FL 33442
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 04/19/05-80022-017 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)(f), 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 SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/15/05 954 422 1883