

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90005 048 ****50.00

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



02092006No Chg-LLC

CR2E083 (11/05)

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

**DO NOT WRITE
IN THIS SPACE**

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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME PORTER HOLDINGS INC → PORTEN
STREET ADDRESS 666 SOUTH MILITARY TRAIL
CITY-ST-ZIP DEERFIELD BEACH, FL 33442

TITLE MGR
NAME PORTER, SCOTT → PORTEN
STREET ADDRESS 666 S. MILITARY TRAIL
CITY-ST-ZIP DEERFIELD BEACH, FL 33442

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing 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 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, typed or printed name of signing managing member, or authorized representative

Date

Daytime Phone #