

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90373 001 \*\*\*\*50.00

DOCUMENT # L03000021606

1. Entity Name  
PORTEN RUSSELL II, LLC



Principal Place of Business  
666 SOUTH MILITARY TRAIL  
DEERFIELD BEACH, FL 33442

Mailing Address  
666 SOUTH MILITARY TRAIL  
DEERFIELD BEACH, FL 33442 US

60038950



2. Principal Place of Business - No P.O. Box #  
**333 NE 2nd St**  
Suite, Apt. #, etc.

3. Mailing Address  
**333 NE 2nd St**  
Suite, Apt. #, etc.

04032007 Chg-LLC CR2E083 (12/06)

City & State  
**Delray Beach FL**

Zip  
**33483** Country  
**USA**

4. FEI Number  
**56-2369829**

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

6. Name and Address of Current Registered Agent

COREN, GEORGE  
666 S. MILITARY TRAIL  
DEERFIELD BEACH, FL 33442

7. Name and Address of New Registered Agent

Name  
**George Coren**  
Street Address (P.O. Box Number is Not Acceptable)  
**333 NE 2nd St**  
City  
**Delray Beach FL** Zip Code  
**33483**

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: **George J. Coren** **4/19/07**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

Filing Fee is \$50.00  
Due by May 1, 2007

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
PR-PCE, LC  
666 SOUTH MILITARY TRAIL  
DEERFIELD BEACH, FL 33442 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
MNR, LLC  
172 N.E. 2ND AVENUE  
DELRAY BEACH, FL 33444 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**333 NE 2nd St** ☒ Change ☐ Addition  
**Delray Beach FL 33483**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**333 NE 2nd St** ☒ Change ☐ Addition  
**Delray Beach FL 33483**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**333 NE 2nd St** ☐ Change ☐ Addition  
**Delray Beach, FL 33483**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**333 NE 2nd St** ☐ Change ☐ Addition  
**Delray Beach FL 33483**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**333 NE 2nd St** ☐ Change ☐ Addition  
**Delray Beach FL 33483**

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 exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **George J. Coren** **4/19/07** **561**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **819-1109**