2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Jan 28, 2004 08:00 AM DOCUMENT # L03000023902 **Secretary of State** 1. Entity Name C & J PORTSIDE PARTNERS LLC Principal Place of Business Mailing Address 1300 SE 17TH STREET 1300 SE 17TH STREET SUITE 210 FORT LAUDERDALE FL 33316 SUITE 210 FORT LAUDERDALE FL 33316 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. MOORE CR2E083 (11/03) Applied For City & State 4. FEI Number City & State Not Applicable Zip Country Zφ Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MARTIN, ANDREW L Street Address (P.O. Box Number is Not Acceptable) 1300 SE 17TH STREET SUITE 210 FORT LAUDERDALE FL 33316 City Zip Code FL 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, typod or trimed name of registered agent and title it applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. MGR Addition 010000015030 Change 01/28/04-80039-020 50.00 मम ६ ☐ Belete TELE NAME MARTIN, ANDREW L NAME STREET ADDRESS STREET ADDRESS 1300 SE 17TH STREET, SUITE 210 CITY-ST-71P FORT LAUDERDALE FL 33316 CITY-ST-ZIP Delete RILE ☐ Change Addition 33113 NAME NAME STREET ADDRESS STREET ADDRESS CELA-21-585 CRY-ST-ZIP BRE ☐ Delete TITLE ☐ Chance ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CITY-ST-ZIP 337LE Delete THLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CITY-ST-2IP HILE Delete THE ☐ Change Addition NAME NASAF STREET ADDRESS STREET ADDRESS CRTY - ST - 73P CITY+ST-ZIP Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CRY-ST-ZIP CITY-ST-ZIP 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.

Hydran Manrow

SIGNATURE:

FILED

1/20/01 954-467-8299