

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000024868

FILED
Apr 11, 2007
Secretary of State

Entity Name: H.E. PORTSIDE PARTNERS LLC

Current Principal Place of Business:

1850 SE 17TH STREET
SUITE 108
FORT LAUDERDALE, FL 33316 US

New Principal Place of Business:

Current Mailing Address:

1850 SE 17TH STREET
SUITE 108
FORT LAUDERDALE, FL 33316 US

New Mailing Address:

FEI Number: 06-1700748 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ELLERT, MARK H
1850 SE 17TH STREET
SUITE 108
FORT LAUDERDALE, FL 33316 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ELLERT, MARK H
Address: 1850 SE 17TH STREET, SUITE 108
City-St-Zip: FORT LAUDERDALE, FL 33316 US

Title: MGR () Delete
Name: HUDSON, STEVE
Address: 1850 SE 17TH STREET, SUITE 108
City-St-Zip: FORT LAUDERDALE, FL 33316 US

ADDITIONS/CHANGES:

Title: MGMR (X) Change () Addition
Name: ELLERT, MARK H
Address: 1850 SE 17TH STREET, SUITE 108
City-St-Zip: FORT LAUDERDALE, FL 33316 US

Title: MGMR (X) Change () Addition
Name: HUDSON, STEVE
Address: 1850 SE 17TH STREET, SUITE 108
City-St-Zip: FORT LAUDERDALE, FL 33316 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MARK ELLERT

MGMR

04/11/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date