2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L03000037880

PORTMAN PROPERTIES, LLC



Principal Place of Business

5485 22ND AVENUE

TAMARAC, FL 33309 US

Mailing Address

618 ROSLYN RD

WINSTON SALEM, NC 27104

FILED Jan 15, 2008 8:00 am Secretary of State

01-15-2008 90016 015 ***143.75

η υυυ σ ~ ~



01072008 No Chq-LLC

CR2E083 (12/07)

4. FEI Number NOT APPLICABLE

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

CORPORATION SERVICE COMPANY **1201 HAYS ST** TALLAHASSEE, FL 32301

DO NOT WRITE IN THIS SPACE

The above named entity submits this the obligations of registered agent.	statement for the purpose of ch	anging its registered office or	registered agent, or both,	in the State of Florida.	I am familiar with, a	nd accept

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

9.	MANAGING MEMBERS/MANAGERS				
TITLE NAME	MGRM PORTMAN, MICHELLE				
STREET ADDRESS	618 ROSLYN RD				
CITY-ST-ZIP	WINSTON SALEM, NC 27104				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
11. I hereby	11. I hereby certify that the information supplied with this filing does not qualify for the e				

DO NOT WRITE IN THIS SPACE

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 fimited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE