2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 11, 2007 8:00 am
Secretary of State
05-11-2007 90194 046 ****50.00

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02222007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L03000041874

1. Entity Name
PORTSIDE 1, LLC

Principal Place of Business	Mailing Address
2401 PGA BLVD., STE. 272 PALM BEACH GARDENS, FL 33410	2401 PGA BLVD., STE. 272 PALM BEACH GARDENS, FL 33410

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
7860 Peters Road		7860 Peters Road	
Suite, Apt. #, etc.: Suite F-111		Suite, Apt. #, etc.: Suite F-111	
City & State: Plantation, FL		City & State: Plantation, FL	
Zip: 33324	Country: USA	Zip: 33324	Country: USA

4. FEI Number: 38-3695017 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SHAPIRO, ROBERT L
2401 PGA BLVD., STE. 272
PALM BEACH GARDENS, FL 33410

7. Name and Address of New Registered Agent

Name: S. Martin Sadkin
Street Address (P.O. Box Number is Not Acceptable): 7860 Peters Road
Suite F-111
City: Plantation FL Zip Code: 33324

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: S. Martin Sadkin
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, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEVY, ROBERT A 6400 CONGRESS AVE., STE. 2000 BOCA RATON, FL 33487	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SADKIN, S. MARTIN 7860 PETERS RD., STE. F-111 PLANTATION, FL 33324	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	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 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: S. Martin Sadkin, MGR 954-370-7788
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #