

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jun 30, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000051441

1. Entity Name
PORT PIERCE HOLDINGS LLC



Principal Place of Business
**401 EAST LAS OLAS BOULEVARD
SUITE 1400
FT. LAUDERDALE, FL 33301 US**

Mailing Address
**P. O. BOX 8345
SPRING, TX 77387 US**



06192006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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

**THOMPSON, LE ANN E MS.
401 EAST LAS OLAS BOULEVARD
SUITE 1400
FT. LAUDERDALE, FL 33301**

**DO NOT WRITE
IN THIS SPACE**

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, 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 September 6, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
THOMPSON, LE ANN E MS.
401 EAST LAS OLAS BOULEVARD, SUITE 1400
FT. LAUDERDALE, FL 33301**

TITLE
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CITY-ST-ZIP

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000000567776
06/30/06-80002-009 55.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

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

LE ANN E. THOMPSON

Date

06/19/06 281-352-1106

Daytime Phone #