

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000016331

FILED  
Aug 27, 2005  
Secretary of State

Entity Name: PORTO DEVELOPMENT LLC

## Current Principal Place of Business:

6911 BARQUERA STREET  
CORAL GABLES, FL 33146

## New Principal Place of Business:

PO BOX 144175  
CORAL GABLES, FL 33114

## Current Mailing Address:

6911 BARQUERA STREET  
CORAL GABLES, FL 33146

## New Mailing Address:

PO BOX 144175  
CORAL GABLES, FL 33114

FEI Number: 20-0869499      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

OPUS REALTY GROUP INC.  
6911 BARQUERA STREET  
MIAMI, FL 33146      US

## Name and Address of New Registered Agent:

ORG INC.  
PO BOX 144175  
CORAL GABLES, FL 33114      US

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: JAVIER E CODESO

08/27/2005

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM      ( ) Delete  
Name: OPUS REALTY GROUP, I, NC.  
Address: 6911 BARQUERA STREET  
City-St-Zip: CORAL GABLES, FL 33146

## ADDITIONS/CHANGES:

Title: MGRM      (X) Change      ( ) Addition  
Name: ORG, INC.,  
Address: PO BOX 144175  
City-St-Zip: CORAL GABLES, FL 33114

I hereby certify that the information supplied with this filing does not qualify for the 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 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: GUILLERMO F. MARTINEZ

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08/27/2005

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