FILED
May 02, 2005 8:00 am
Secretary of State
05-02-2005 90092 047 ****55.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000017079

1. Entity Name
PORT HOTEL LLC

400124U3

Principal Place of Business
5051 PARK LAKE DR
SUITE 6
MELBOURNE, FL 32901

Mailing Address
P.O. BOX 60857
PALM BAY, FL 32906

DO NOT WRITE IN THIS SPACE

04022804No Chg-LLC CR2E083 (10/03)

4. FEI Number
71 0965848

Applied For
Not Applicable

5. Certificate of Status Desired X $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DARTER, WILLIAM I
5051 PARK LAKE DR.
SUITE 6
MELBOURNE, FL 32901

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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: N A
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, 2004

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	DARTER, WILLIAM I
STREET ADDRESS	5051-6 PARK LAKE DRIVE
CITY-ST-ZIP	MELBOURNE, FL 32901
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify 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 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] MGR 4-22-05 321 7236562
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL MEMBER, OR AUTHORIZED REPRESENTATIVE Title Daytime Phone #

WILLIAM I DARTER