

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000063043

Entity Name: PORTLAND PARTNERS,LLC

FILED
Jul 20, 2006
Secretary of State

Current Principal Place of Business:

13355 LAKESIDE TERRACE
COOPER CITY, FL 33330 US

New Principal Place of Business:

9339 VIA CLASSICO WEST
WELLINGTON, FL 33411 US

Current Mailing Address:

13355 LAKESIDE TERRACE
COOPER CITY, FL 33330 US

New Mailing Address:

9339 VIA CLASSICO WEST
WELLINGTON, FL 33411 US

FEI Number: 20-1547515 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:

WILSON, CARL A
13355 LAKESIDE TERRACE
COOPER CITY, FL 33330 US

Name and Address of New Registered Agent:

WILSON, CARL A
9339 VIA CLASSICO WEST
WELLINGTON, FL 33411 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: _____

07/20/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WILSON, CARL A
Address: 13355 LAKESIDE TERRACE
City-St-Zip: COOPER CITY, FL 33330 US

Title: MGRM () Delete
Name: WILSON, JOAN
Address: 13355 LAKESIDE TERRACE
City-St-Zip: COOPER CITY, FL 33330 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WILSON, CARL A
Address: 9339 VIA CLASSICO WEST
City-St-Zip: WELLINGTON, FL 33411 US

Title: MGRM (X) Change () Addition
Name: WILSON, JOAN
Address: 9339 VIA CLASSICO WEST
City-St-Zip: WELLINGTON, FL 33411 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: JOAN WILSON

MGRM

07/20/2006

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