

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000063043

Entity Name: PORTLAND PARTNERS,LLC

FILED
Mar 31, 2009
Secretary of State

Current Principal Place of Business:

9339 VIA CLASSICO WEST
WELLINGTON, FL 33411 US

New Principal Place of Business:

Current Mailing Address:

9339 VIA CLASSICO WEST
WELLINGTON, FL 33411 US

New Mailing Address:

FEI Number: 20-1547515

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILSON, CARL A
9339 VIA CLASSICO WEST
WELLINGTON, FL 33411 US

Name and Address of New Registered Agent:

WILSON, JOAN P
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: JOAN P WILSON

03/31/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

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

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: WILSON, CARL A
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 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 P WILSON

MGRM

03/31/2009

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