


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 30, 2006 8:00 am**  
**Secretary of State**

01-30-2006 90159 009 \*\*\*\*50.00

<b>DOCUMENT # L04000077351</b> 1. Entity Name THE PORTABLE BLUEPRINT TABLE, LLC	
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Principal Place of Business 1034 S.W. 13TH COURT POMPANO BEACH, FL 33069	Mailing Address 1034 S.W. 13TH COURT POMPANO BEACH, FL 33069
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**DO NOT WRITE IN THIS SPACE**

01222006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1846804	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent  GORDILS, BEN A JR. 1034 S.W. 13TH COURT POMAPNO BEACH, FL 33069
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**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 May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM GORDILS, BEN A JR. 1034 S.W. 13TH COURT POMPANO BEACH, FL 33069
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM ROSENBLUM, NEAL 201 N. 13TH AVENUE HOLLYWOOD, FL 33019
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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: *Ben Gordils* 1/30/06 9547838765  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #