

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000078499

FILED  
Mar 25, 2009  
Secretary of State

Entity Name: PORT ENTERPRISES, LLC

**Current Principal Place of Business:**

500 STATE ROAD 436  
SUITE 2078  
CASSELBERRY, FL 32707

**New Principal Place of Business:**

**Current Mailing Address:**

2141 DURBAN COURT  
OVIEDO, FL 32765

**New Mailing Address:**

500 STATE ROAD 436  
SUITE 2078  
CASSELBERRY, FL 32707

FEI Number: 20-1816198

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PORT, DAVID  
2141 DURBAN COURT  
OVIEDO, FL 32765 US

**Name and Address of New Registered Agent:**

PORT, MANDY  
2141 DURBAN COURT  
OVIEDO, FL 32765 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: MANDY PORT

03/25/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: PORT, DAVID  
Address: 2141 DURBAN COURT  
City-St-Zip: OVIEDO, FL 32765

Title: MGRM ( ) Delete  
Name: PORT, AMANDA  
Address: 2141 DURBAN COURT  
City-St-Zip: OVIEDO, FL 32765

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: MANDY PORT

MGRM

03/25/2009

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