2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

AND TYPED OR PRINTED NAME OF SIGNING MANAGE

Jan 10, 2006 8:00 am Secretary of State **DOCUMENT # L04000090733** 01-10-2006 90042 012 ****55.00 1. Entity Name PORT EQUITIES, LLC Principal Place of Business Mailing Address 40000164 590 JERICHO TURNPIKE 590 JERICHO TURNPIKE SYOSSET, NY 11791 SYOSSET, NY 11791 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01052006 Chg-LLC CR2E083 (11/05) City & State City & State 4. FEI Number Applied For 73-1725930 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent Name and Address of New Registered Agent HARRIS, MARGARITA 14 BURRELL PLACE PALM COAST, FL 32137 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. Lam familiar with, and accept the obligations of registered agent SIGNATURE XTD (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGRM TITLE ☐ Delete TITLE ☐ Channe ☐ Addition MAHON, MALACHY T JR. NAME NAME STREET ADDRESS 590 JERICHO TURNPIKE STREET ADDRESS CITY-ST-7IP SYOSSET, NY 11791 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CTY-ST-ZP TITLE Delete TIDE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete Chance Addition NAME NAME STREET ADDRESS STREET ADORESS AITY-ST-ZIP CITY-ST-ZP TITLE ☐ Delete TELLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CTTY-ST-ZIP 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.

ER. MANAGER, OR AUTHORIZED REPRESENTATIVE

Dente

FILED

ATTACHMENT

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PORT EQUITIES LLC

590 JERICHO TURNPIKE SYOSSET, NY 11791

COLONIAL BANK PALM COAST, FL 32137 63-1322-631

1/5/2006

PAY TO THE

Florida Division of Corporations ORDER OF

DOLLARS

Fifty-Five and 00/100******

Florida Division of Corporations P.O. Box 6478

Tallahassee, FL 32314

MEMO

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PORT EQUITIES LLC

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