2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 25, 2009
Secretary of State

DOCUMENT# L05000008342

Entity Name: PORTFOLIO DEVELOPMENT GROUP OF NAPLES, LLC

Current Principal Place of Business:

643 110TH AVE
NAPLES, FL 34108

New Principal Place of Business:

Current Mailing Address:

100 SITTERLY RD
CLIFTON PARK, NY 12065

New Mailing Address:

FEI Number: 74-3135869 **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:

QUINN, JAMES B JR
643 110TH AVE
NAPLES, FL 34108 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: QUINN, KEVIN M
Address: 643 110TH AVE
City-St-Zip: NAPLES, FL 34108

Title: MGR ( ) Delete
Name: ROTONDO, KENNETH J
Address: 100 SITTERLY RD
City-St-Zip: CLIFTON PARK, NY 12065

Title: MGR ( ) Delete
Name: QUINN, JAMES B JR
Address: 100 SITTERLY RD
City-St-Zip: CLIFTON PARK, NY 12065

ADDITIONS/CHANGES:

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

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: JAMES QUINN MEMB 06/25/2009

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