# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 28, 2008 08:00 AM**
**Secretary of State**

DOCUMENT # L05000046075

1. Entity Name
PORT ARGENTINA INVESTMENTS, L.L.C.

| Principal Place of Business | Mailing Address |
|---|---|
| 7760 W 20TH AVENUE, SUITE 1<br>HIALEAH, FL 33016 | 7760 W 20TH AVENUE, SUITE 1<br>HIALEAH, FL 33016 |

04102008 No Chg-LLC CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number
20-4462923

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

**6. Name and Address of Current Registered Agent**

SERBER, DANIEL J ESQ.
TURNBERRY PLAZA, SUITE 801
2875 N.E. 191ST STREET
AVENTURA, FL 33180

**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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS $138.75**
**After May 1, 2008 Fee will be $538.75**

U00000925609
05/20/08-80034-003 138.75

| 9. | MANAGING MEMBERS/MANAGERS |
|---|---|
| TITLE | MGR |
| NAME | WEINTRAUB, ABRAHAM |
| STREET ADDRESS | 7760 W. 20TH AVE. SUITE 1 |
| CITY-ST-ZIP | HIALEAH, FL 33016 |
| TITLE | MGR |
| NAME | WEINTRAUB, ALMA |
| STREET ADDRESS | 7431 MIAMI VIEW DR. |
| CITY-ST-ZIP | MIAMI BEACH, FL 33141 |
| TITLE | MGRM |
| NAME | SAKS, NATHAN |
| STREET ADDRESS | 18911 COLLINS AVE. # 2606 |
| CITY-ST-ZIP | SUNNY ISLES,, FL 33160 |
| TITLE | MGRM |
| NAME | DIROBERTO, GIRARD |
| STREET ADDRESS | 21243 NE 18TH PLACE |
| CITY-ST-ZIP | MIAMI, FL 33179 |
| TITLE | MGRM |
| NAME | BRENNER, DAVID |
| STREET ADDRESS | 678-102 SCARLETT OAK CIRCLE |
| CITY-ST-ZIP | ALTAMONTE SPRINGS, FL 32701 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE 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:** 4/22/08 305-557-9398
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #