

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000052093

Entity Name: PORTHOME, LLC

FILED
May 04, 2006
Secretary of State

Current Principal Place of Business:

6825 SW 21CT STE 2
DAVIE, FL 33317

New Principal Place of Business:

16711 HARBOR CT
WESTON, FL 33326

Current Mailing Address:

6825 SW 21CT STE 2
DAVIE, FL 33317

New Mailing Address:

16711 HARBOR CT
WESTON, FL 33326

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) 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:

SEGAL, DEREK
6825 SW 21CT STE 2
DAVIE, FL 33317 US

Name and Address of New Registered Agent:

SEGAL, DEREK
16711 HARBOR CT
WESTON, FL 33326 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:

05/04/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SEGAL, DEREK
Address: 6825 SW 21CT STE 2
City-St-Zip: DAVIE, FL 33317

Title: MGRM () Delete
Name: SEGAL, MARC
Address: 6825 SW 21CT STE 2
City-St-Zip: DAVIE, FL 33317

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SEGAL, DEREK
Address: 16711 HARBOR CT
City-St-Zip: WESTON, FL 33326

Title: MGRM (X) Change () Addition
Name: SEGAL, MAXINE
Address: 16711 HARBOR CT
City-St-Zip: WESTON, F 33326

I hereby certify that the information supplied with this filing does not qualify for the 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: DEREK SEGAL

MGRM

05/04/2006

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