## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT **DOCUMENT # L05000053696**



## FILED May 04, 2006 8:00 am Secretary of State

1. Entity Nam PORT SII	DE WEBSITES I	LLC					05-04-2006	90021 04	6 ****55	.00	
Principal Place of Business 28501 SW 152ND AVE		Mailing Address 28501 SW 152ND AVE #145									
#145 Homestead, FL 33033			HOMESTEAD, FL 33033				Fairi ann ann a <del>a</del> ni ann	N 22121 21133 AH	E ENIO (ENE ON		
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.		05022006	Chg-LLC	CR2E08	3 (11/05)			
City & State			City & State			4. FEI Number 59 - 39				plied For t Applicable	
Zip	Countr	·	Zip Country		iry	5. Certificate of	of Status Desired		5.00 Add ee Required		
	6. Name and Add	ress of Current R	legistered Agent		7. Name and Address of New Registered Agent Name						
CASTILLO, AMBER L 28501 SW 152ND AVE					Street Address (P.O. Box Number is Not Acceptable)						
#145 HOMESTEAD, FL 33033											
			•	İ	City			FL	Zip Code	,	
	named entity submits ions of registered ager		the purpose of changing its	registere	d office or registe	ered agent, or both	n, in the State of Flo	orida. I am fa	miliar with,	and accept	
SIGNATURE .	Signature, typed or printed ner	no of recipiered scient of	TOM: I souldening the bottom	E. Banistana	Agent signature require	ud urban rainasuttun)		DATE			
	ogrado, typed of princed ha		(100)		- Agent any miles require	2 W. Gar Ton Associated,	·	DAIL			
Filing Fee is \$50.00 Due by September 6, 2006					Make check payable to Florida Department of State			,			
9.	<del></del>	NAGING MEMBER	RS/MANAGERS	10.			ADDITIONS/	CHANGES			
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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: Combi Castillo Amber L. Castillo	5-2-	2006 305-2	146-7839
ENGNATURE AND TYPED OR PRINTED NAME OF EXCHING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #	