

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90038 028 \*\*\*\*50.00

<b>DOCUMENT # L05000081641</b>					
<b>1. Entity Name</b> PORTELA INVESTMENTS, LLC					
<b>Principal Place of Business</b> 100 S.E. 2ND STREET 34TH FLOOR MIAMI, FL 33131			<b>Mailing Address</b> 100 S.E. 2ND STREET 34TH FLOOR MIAMI, FL 33131		
<b>2. Principal Place of Business</b> 3001 PONCE DE LEON BLVD Suite, Apt. #, etc. 203 City & State CORAL GABLES, FL Zip 33134 Country USA		<b>3. Mailing Address</b> 3001 PONCE DE LEON BLVD. Suite, Apt. #, etc. 203 City & State CORAL GABLES, FL Zip 33134 Country USA			
01242006    Chg-LLC    CR2E083 (11/05)		<b>4. FEI Number</b> 56-2533260		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$5.00 Additional Fee Required		<b>6. Name and Address of Current Registered Agent</b> BIPC CORPORATE REGISTERED AGENTS, INC. 100 S.E. 2ND STREET 34TH FLOOR MIAMI, FL 33131			
<b>7. Name and Address of New Registered Agent</b> Name ELENA MENDEZ Street Address (P.O. Box Number is Not Acceptable) 3001 PONCE DE LEON BLVD. SUITE 203 City CORAL GABLES    FL    Zip Code 33134		<b>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.</b> SIGNATURE <u>ELENA MENDEZ</u> <u>Elena Mendez</u> <u>02-23-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ANA C. PORTELA P.O. Box 452053 MIAMI, FL 33245 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>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.</b>					
<b>SIGNATURE:</b> <u>Ana C. Portela</u> <u>4/7/06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE    Date    Daytime Phone #</small>					