## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

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DOCUMENT # L05000081641  1. Entity Name PORTELA INVESTMENTS, LLC					04-10-2006 90038 028 ****50.00		
Principal Place	e of Rusiness	Mailing Address			211	120031	
Principal Place of Business   Mailing Address				1 10031011	21		<b>710</b> 1 (11 1 <b>23</b> 1
Principal Place of Business     3. Mailing Address							
	PONCE DE LEON BL'	D 3001 PONCE	DE LEC	ON BLVD.	50	, maiori inimi ilinia 20411 64961 ili	1981 III 1881
Suite, Apt. #, etc. 203		Suite, Apt. #, etc.		01242006	Chg-LLC	CR2E083 (11/05)	
City & State		203 City & State		4 CELNIO			atian Fa-
CORAL GABLES, FL		CORAL GABLES, FL		4. FEI Num	<u>56-253</u>	3260 No	optied For ot Applicable
33134	Country USA	33134	Country USA	5. Certifical	e of Status Desired	55.00 Add	
33134	6. Name and Address of Current I			7. Name ar	d Address of New Re		-
			Name				
	PORATE REGISTERED AGEN	ITS, INC.	ELENA MENDEZ				
34TH FLO	ND STREET		Street Address (P.O. Box Number is Not Acceptable) 3001 PONCE DE LEON BLVD. SUITE 103				
MIAMI, FL				10.100		D24 007.	ر ربو ه
MILMANI, FE 33 13 1							
City CORAL GAGLES FL Zip Code 33/34							
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 ELEVA MENDEZ Cleve Thender Od-13-06							
Signature, typed or printed name of registered agent and title if applicable. (NOTE; Registered Agent is an alure required when reinstating)  DATE							
		T	· A	or required miles in constantly	<del></del>	DATE	
Fi De	ling Fee is \$50.00 ue by May 1, 2006		• 0			check payable to Department of State	B
Fi De	ling Fee is \$50.00 ue by May 1, 2006 MANAGING MEMBER		10.			check payable to Department of State	B
9. TITLE	ue by May 1, 2006		0	MGRM	Florida	check payable to Department of State	e Ճ Addition
9. TITLE NAME	ue by May 1, 2006	RS/MANAGERS	10. TITLE NAME		Florida ADDITIONS/0	e check payable to Department of State CHANGES	
9. TITLE NAME STREET ADDRESS	ue by May 1, 2006	RS/MANAGERS	10. TITLE NAME STREET ADDRESS	MGRM ANA C. PO	ADDITIONS/O	e check payable to Department of State CHANGES	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	ue by May 1, 2006	RS/MANAGERS	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ANA C. PO P.O. Box	ADDITIONS/ORTELA 452053	e check payable to Department of State CHANGES  Change	Addition
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Thereby dentity that the information supplied with this stilling does not quality for the exemptions contained in Chapter 119, Florida Statutes. Flutther 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: SIGNATURE AND TYPED OR PRINTED HARRE-OF-GIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #