


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90069 014 ****50.00

DOCUMENT # L05000081641 1. Entity Name PORTELA INVESTMENTS, LLC					
Principal Place of Business 3001 PONCE DE LEON BLVD #203 CORAL GABLES, FL 33134			Mailing Address 3001 PONCE DE LEON BLVD #203 CORAL GABLES, FL 33134		
2. Principal Place of Business - No P.O. Box # 2151 S. LE JOURNE RD Suite, Apt. #, etc. #204		3. Mailing Address 2151 S. LE JOURNE RD. Suite, Apt. #, etc. #204			
City & State CORAL GABLES, FL.		City & State CORAL GABLES, FL.			
Zip 33134		Country 		4. FEI Number 56-2533260	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent MÉNDEZ, ELEN A 3001 PONCE DE LEON BLVD, STE 203 CORAL GABLES, FL 33134			7. Name and Address of New Registered Agent Name MÉNDEZ, ELEN A Street Address (P.O. Box Number is Not Acceptable) 2151 S. LE JOURNE RD. #204 City CORAL GABLES FL Zip Code 33134		
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 <u><i>[Signature]</i></u> DATE <u><i>April 27, 2007</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating).</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PORTELA, ANA C POB 452053 MIAMI, FL 33245		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	
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	
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	
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: <u><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<u><i>4/27/07</i></u> <small>Date</small>		