## . . . . 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

1. Entity Name PORTEN LAND COMPANY I, LLC						02-24-2006 90242 007 ****50.00
Principal Place of Business 666 S. MILITARY TRAIL DEERFIELD BEACH, FL 33442		Mailing Address 666 S. MILITARY TRAIL DEERFIELD BEACH, FL 33442				.
2. Principal P	tace of Business	3. Mailing Address				
Suite, Apt.	#, etc.	Suite, Apr. #, etc.				02092006 Chg-LLC CR2E083 (11/05)
City & State	е	City & State				4. FEI Number 0 - 35 22 232 Applied For Not Applicable
Zip	Country	Zip Countr		try		5. Certificate of Status Desired 55.00 Additional Fee Required
	6. Name and Address of Current	Registered Agent		Name		7. Name and Address of New Registered Agent
	ITARY TRAIL				ddress (F	(P.O. Box Number is Not Acceptable)
DEERFIEL	D BEACH, FL 33442					
	•			City		. FL Zip Code
	ions at registered agent.		_			red agent, or both, in the State of Rorida. I am lamitiar with, and accept
	Signature, typed or profied name of registered agent	and title if applicable. (NOT	E: Registere	Agent signet	ure required	d when restating)  DATE  The second s
	ling Fee is \$50.00 ue by May 1, 2006				Make check payable to Florida Department of State	
9.	MANAGING MEMBI		10.			ADDITIONS/CHANGES
TITLE NAME	MGR PORTEN, SCOTT	Defete	TITLE NAME			Change Addition
STREET ADDRESS	666 S. MILITARY TRAIL DEERFIELD BEACH, FL 33442		STRE	et aodress - St-zip		
TITLE		☐ Detete	TITLE		TV	Change Addition
NAME STREET ADDRESS CITY-ST-ZIP				et address -st-71p	Geo	6 S. M. Itary Trail crfield Beach Fl. 33442
TITLE		Delete	TITLE		SVI	ertield Beach Fl. 33442
NAME		. Delas	NAM			nnic F. Snith
STREET ADDRESS CITY-ST-ZIP				et address ·st · 7/P	[.[.	$C = C + 1 + \dots + T = 1$
TITLE		☐ Delete	IIILE		254	Scach Fl. Change Addition
NAME			NAM			33442
STREET ADORESS CITY-ST-ZIP				et address • St-Zip	1	
ME		☐ Delete	TITLE			☐ Change ☐ Addition
NAME			NAM(			
STREET ADDRESS CITY-ST-ZIP				et address -St-Zip		
TITLE	_ <del></del>	☐ Delete	TITLE			☐ Change ☐ Addition
NAME		المالم المالم	NAME			Complete C Promiter
STREET ADDRESS CITY-ST-ZIP		•		ET ADORESS ST-21P		
11. 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 end that my signature shell 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: Score 1/2 /15/0 954 922 1883						
· SHENG	11RF - " - TVV					

February 28, 2006

PORTEN LAND COMPANY I, LLC 666 S. MILITARY TRAIL DEERFIELD BEACH, FL 33442

Subject: PORTEN LAND COMPANY I, LLC

L05000094114

Reference Number:

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/MH ANNUAL REPORTS SECTION