

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000116148

Entity Name: PORTA BELA, LLC

FILED
Mar 30, 2006
Secretary of State

Current Principal Place of Business:

999 PONCE DE LEON BLVD.
705
CORAL GABLES, FL 33134 US

New Principal Place of Business:

Current Mailing Address:

999 PONCE DE LEON BLVD.
705
CORAL GABLES, FL 33134 US

New Mailing Address:

FEI Number: 20-3891501

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BANEGAS, ARI
999 PONCE DE LEON BLVD.
SUITE 705
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BANEGAS, ARI
Address: 999 PONCE DE LEON BLVD., SUITE 705
City-St-Zip: CORAL GABLES, FL 33134 US

Title: MGR () Delete
Name: MOLINA, CARLOS
Address: 999 PONCE DE LEON BLVD., SUITE 705
City-St-Zip: CORAL GABLES, FL 33134 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Change (X) Addition
Name: VICTORES, ABEL
Address: 999 PONCE DE LEON BLVD., SUITE 705
City-St-Zip: CORAL GABLES, FL 33134 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ARI BANEGAS

MGRM

03/30/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date