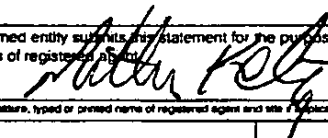
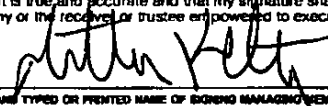


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-02-2007 90438 012 ****50.00

DOCUMENT # L06000011591			
1. Entity Name PORTER EAST, LLC.			
Principal Place of Business 443 INTERSTATE COURT SARASOTA, FL 34240 US		Mailing Address 443 INTERSTATE COURT SARASOTA, FL 34240 US	
2. Principal Place of Business - No P.O. Box # 6341 Porter Road		3. Mailing Address 6341 Porter Road	
Suite, Apt. #, etc. Unit 4		Suite, Apt. #, etc. Unit 4	
City & State Sarasota FL		City & State Sarasota FL	
Zip 34240	Country USA	Zip 34240	Country USA
4. FEI Number 20-4631368		Applied For ☒ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent KELTY, NATHAN D 443 INTERSTATE COURT SARASOTA, FL 34240		7. Name and Address of New Registered Agent Name Nathan D. Kelty Street Address (P.O. Box number is not acceptable) 6341 Porter Road, Unit 4 City Sarasota FL Zip Code 34240	
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 		DATE 3-22-07	
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	MGR KELTY, NATHAN D 443 INTERSTATE COURT SARASOTA, FL 34240 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Kelty, Nathan D. 6341 Porter Road, Unit 4 Sarasota, FL 34240 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KELTY, CAROLE L 443 INTERSTATE COURT SARASOTA, FL 34240 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Kelty, Carole L. 6341 Porter Road, Unit 4 Sarasota, FL 34240 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: 		Date 3-18-07 941-923-6630	