

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000043660

FILED  
Mar 31, 2009  
Secretary of State

**Entity Name:** PORTER HOLDINGS OF OKEECHOBEE, LLC

**Current Principal Place of Business:**

1700 SOUTH PARROTT AVENUE  
OKEECHOBEE, FL 34974

**New Principal Place of Business:**

**Current Mailing Address:**

818 HWY 441 SE  
OKEECHOBEE, FL 34974

**New Mailing Address:**

**FEI Number:** 20-4767988

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PORTER, STEPHEN G  
818 HWY 441  
OKEECHOBEE, FL 34974 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: MARY PORTER TRUST  
Address: 818 HWY 441 SE  
City-St-Zip: OKEECHOBEE, FL 34974

Title: MGR ( ) Delete  
Name: SCHOPPMAYER, MINDY  
Address: 2675 NE 54TH TRAIL  
City-St-Zip: OKEECHOBEE, FL 34972

**ADDITIONS/CHANGES:**

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

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

I hereby certify that the information supplied with this filing does not qualify 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:** MINDY SCHOPPMAYER

MGR

03/31/2009

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