

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000078746

FILED
Aug 16, 2007
Secretary of State

Entity Name: PORTA SPLASH LC

Current Principal Place of Business:

5350 BEATLE COURT
JACKSONVILLE, FL 32244 US

New Principal Place of Business:

Current Mailing Address:

5350 BEATLE COURT
JACKSONVILLE, FL 32244 US

New Mailing Address:

FEI Number: 11-3752125 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

EDWARDS, ANDREW D
5350 BEATLE COURT
JACKSONVILLE, FL 32244 US

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: MGR () Delete
Name: EDWARDS, ANDREW D
Address: 5350 BEATLE COURT
City-St-Zip: JACKSONVILLE, FL 32244 FL

Title: MGRM () Delete
Name: EDWARDS, YUKI
Address: 5350 BEATLE COURT
City-St-Zip: JACKSONVILLE, FL 32244 US

Title: MGRM (X) Delete
Name: JEREMY, EDWARDS D
Address: 5350 BEATLE COURT
City-St-Zip: JACKSONVILLE, FL 32244 US

ADDITIONS/CHANGES:

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

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: ANDREW EDWARDS

MGR

08/16/2007

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