

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 08, 2007 8:00 am
Secretary of State

05-08-2007 90112 021 ****50.00

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DOCUMENT # L06000079795 1. Entity Name CHINA PORT, LLC.			
Principal Place of Business 13589 SW 144 TERR MIAMI, FL 33186		Mailing Address 13589 SW 144 TERR MIAMI, FL 33186	
2. Principal Place of Business - No P.O. Box # 4920 Lighthouse Cir		3. Mailing Address 4920 Lighthouse Cir	
Suite, Apt. #, etc. Apt F		Suite, Apt. #, etc. Apt F	
City & State Coconut Creek, FL		City & State Coconut Creek, FL	
Zip 33063		Zip 33063	
Country 		Country 	
4. FE Number 20-5384424		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent OREJUELA, PATRICIA E 13589 SW 144 TERR MIAMI, FL 33186		7. Name and Address of New Registered Agent Name Orejuela, Patricia E. Street Address (P.O. Box Number is Not Acceptable) 4920 Lighthouse Cir Apt F. City Coconut Creek FL Zip Code 33063	
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 Patricia E. Orejuela (NOTE: Registered Agent signature required when reinstating) DATE _____			
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 MGR <input type="checkbox"/> Delete NAME OREJUELA, PATRICIA E STREET ADDRESS 13589 SW 144 TERR CITY-ST-ZIP MIAMI, FL 33186	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE Manager <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Orejuela Patricia E STREET ADDRESS 4920 Lighthouse Cir Apt F. CITY-ST-ZIP Coconut Creek, FL 33063	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE Manager <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Core Pierre STREET ADDRESS 4920 Lighthouse Cir Apt F. CITY-ST-ZIP Coconut Creek, FL 33063	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Patricia E. Orejuela SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date _____ Daytime Phone # _____			