

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000116525

Entity Name: PORTFOLIO, LLC

FILED
Apr 10, 2007
Secretary of State

Current Principal Place of Business:

701 BRICKELL AVENUE, SUITE 1650
MIAMI, FL 33131

Current Mailing Address:

701 BRICKELL AVENUE, SUITE 1650
MIAMI, FL 33131

New Principal Place of Business:

1111 BRICKELL AVENUE
SUITE 1108
MIAMI, FL 33131

New Mailing Address:

1111 BRICKELL AVENUE
SUITE 1108
MIAMI, FL 33131

FEI Number: 20-5996255

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MACINTER CORPORATION
8405 SW 56 AVENUE ROAD
OCALA, FL 34476 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: TERAN, MONICA
Address: 701 BRICKELL AVENUE, SUITE 1650
City-St-Zip: MIAMI, FL 33131

Title: MGRM () Delete
Name: REVEIZ, FELIPE
Address: 701 BRICKELL AVENUE, SUITE 1650
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: TERAN, MONICA
Address: 1111 BRICKELL AVENUE, SUITE 1108
City-St-Zip: MIAMI, FL 33131

Title: MGRM (X) Change () Addition
Name: REVEIZ, FELIPE
Address: 1111 BRICKELL AVENUE, SUITE 1108
City-St-Zip: MIAMI, FL 33131

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: MONICA TERAN

MGRM

04/10/2007

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