

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000003179

FILED
Apr 20, 2009
Secretary of State

Entity Name: PORTAL CROSSINGS, LLC

Current Principal Place of Business:

299 DR. MARTIN LUTHER KING ST. NO.
ST. PETERBURG, FL 33701 US

New Principal Place of Business:

299 DR. MARTIN LUTHER KING JR. ST. NO.
ST. PETERSBURG, FL 33701 US

Current Mailing Address:

299 DR. MARTIN LUTHER KING ST. NO.
ST. PETERBURG, FL 33701 US

New Mailing Address:

299 DR. MARTIN LUTHER KING JR. ST. NO.
ST. PETERSBURG, FL 33701 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KENT, WILLIAM D
299 DR. MARTIN LUTHER KING ST. NO.
ST. PETERBURG, FL 33701 US

Name and Address of New Registered Agent:

KENT, WILLIAM D
299 DR. MARTIN LUTHER KING JR. ST. NO.
ST. PETERSBURG, FL 33701 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:

04/20/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GEORGE F. YOUNG OF FLORIDA, INC.
Address: 299 DR. MARTIN LUTHER KING ST. NO.
City-St-Zip: ST. PETERSBURG, FL 33701 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GEORGE F. YOUNG OF FLORIDA, INC.
Address: 299 DR. MARTIN LUTHER KING JR. ST. NO.
City-St-Zip: ST. PETERSBURG, FL 33701 US

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: WILLIAM D. KENT

RA

04/20/2009

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