

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L07000067486

FILED
Jun 22, 2009
Secretary of State**Entity Name:** PORTER RP HOLDINGS, LLC**Current Principal Place of Business:**4736 N. BAY ROAD
MIAMI BEACH, FL 33140**New Principal Place of Business:**C/O DEBORAH R. MAYO
FOWLER WHITE, 1395 BRICKELL AVE., 14TH FL
MIAMI, FL 33131**Current Mailing Address:**4736 N. BAY ROAD
MIAMI BEACH, FL 33140**New Mailing Address:**C/O DEBORAH R. MAYO
FOWLER WHITE, 1395 BRICKELL AVE., 14TH FL
MIAMI, FL 33131**FEI Number:** 26-1619572**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**FORSHEE & LOCKWOOD, P.A.
220 MIRACLE MILE
STE 221
CORAL GABLES, FL 33134 US**Name and Address of New Registered Agent:**MAYO, DEBORAH R ESQ.
C/O FOWLER WHITE BURNETT P.A.
1395 BRICKELL AVENUE, 14TH FLOOR
MIAMI, FL 33131 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: DEBORAH R. MAYO, ESQ.

06/22/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:**Title:** MGRM () Delete
Name: PORTER, EDWARD
Address: 4736 N. BAY ROAD
City-St-Zip: MIAMI BEACH, FL 33140**ADDITIONS/CHANGES:****Title:** MGR (X) Change () Addition
Name: DEBORAH R. MAYO
Address: C/O FOWLER WHITE 1395 BRICKELL AVE 14TH FL
City-St-Zip: MIAMI, FL 33131

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: DEBORAH R. MAYO

MGR

06/22/2009

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