

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000116897

FILED
Jul 06, 2009
Secretary of State

Entity Name: PORTSIDE MGT LLC

Current Principal Place of Business:

1844 N NOB HILL RD
SUITE 173
PLANTATION, FL 33322 US

New Principal Place of Business:

Current Mailing Address:

1844 N NOB HILL RD
SUITE 173
PLANTATION, FL 33322 US

New Mailing Address:

FEI Number: 26-4087188 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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:

ARENBERG, HERSHEL
1844 N NOB HILL RD
SUITE 173
PLANTATION, FL 33322 US

Name and Address of New Registered Agent:

ARENBERG, SCOTT
1844 N NOB HILL RD
SUITE 173
PLANTATION, FL 33322 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: SCOTT ARENBERG

07/06/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ARENBERG, HERSHEL
Address: 1844 N NOB HILL RD, SUITE 173
City-St-Zip: PLANTATION, FL 33322 US

Title: MGR () Delete
Name: ARENBERG, DAVID
Address: 1844 N NOB HILL RD, SUITE 173
City-St-Zip: PLANTATION, FL 33322 US

ADDITIONS/CHANGES:

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: SCOTT ARENBERG

RA

07/06/2009

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