


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jun 18, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L98000002372</b> 1. Entity Name PORTFOLIO RESOURCES, L.L.C.	
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Principal Place of Business 6430 SOUTHPOINT PARKWAY SUITE 140 JACKSONVILLE, FL 32216	Mailing Address 6430 SOUTHPOINT PARKWAY SUITE 140 JACKSONVILLE, FL 32216
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06102004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3538129	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

**6. Name and Address of Current Registered Agent**

VAN HORN, JAMES H  
6430 SOUTHPOINT PARKWAY  
SUITE 140  
JACKSONVILLE, FL 32216

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by September 8, 2004**

U00000162690  
06/18/04-80001-009 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GRAHAM, DAVID G 6430 SOUTHPOINT PARKWAY STE 140 JACKSONVILLE, FL 32216
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM COLLIER, CLAUDE W JR. 6430 SOUTHPOINT PARKWAY STE 140 JACKSONVILLE, FL 32216
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SETTLES, STEVEN R 6430 SOUTHPOINT PARKWAY JACKSONVILLE, FL 32216
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM VAN HORN, JAMES H 6430 SOUTHPOINT PARKWAY JACKSONVILLE, FL 32216
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

JAMES H. VAN HORN

Date

Daytime Phone #

904-421-7221