## 2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # L98000002372**

1. Entity Name
PORTFOLIO RESOURCES, L.L.C.



Principal Place of Business

6430 SOUTHPOINT PARKWAY

SUITE 140

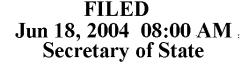
JACKSONVILLE, FL 32216

Mailing Address

6430 SOUTHPOINT PARKWAY

SUITE 140

JACKSONVILLE, FL 32216





06102004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 59-3538129

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

6. Name and Address of Current Registered Agent

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

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8. The above named entity submits this statement for the purpose of changing its registered office or register	ered 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)

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

UQ0000162690 1

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	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 cath; that I am a managing member or manager of the limited tiability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

JAMES H. VAN HORN

904- 421-7221

PED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE SIGNATURE .

Daytime Phone #