2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M0600000146

Name:

Address:

City-St-Zip:

LOUTAN, NEIL

WESTON, FL 33331

2500 WESTON RD, STE 209

Entity Name: WESTON PORTFOLIO GROUP, LLC

FILED Mar 25, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2500 WESTON ROAD, SUITE 209 WESTON, FL 33331 **Current Mailing Address: New Mailing Address:** 2500 WESTON ROAD, SUITE 209 WESTON, FL 33331 FEI Number: 20-4039061 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CORPORATION SERVICE COMPANY LOUTAN, NEIL 1201 HAYS STREET 2500 WESTON ROAD, TALLAHASSEE, FL 323012525 US SUITE 209 WESTON, FL 33331 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: NEIL LOUTAN 03/25/2009 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete VANCORA, JOHN Name: Name: 2500 WESTON ROAD, SUITE 209 Address: Address: City-St-Zip: WESTON, FL 33331 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: WETZOLD, GENE Name: Address: 2500 WESTON ROAD, SUITE 209 Address: City-St-Zip: WESTON, FL 33331 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition O'BRIEN, DENNIS Name: Name: 2500 WESTON RD, STE 209 Address: Address: City-St-Zip: WESTON, FL 33331 City-St-Zip: () Delete Title: MGRM Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: NEIL LOUTAN MGRM 03/25/2009