

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED  
Mar 26, 2007 8:00 am  
Secretary of State**

03-26-2007 90305 001 \*\*\*\*50.00

**DOCUMENT #** M06000002799  
1. Entity Name  
**Portfolio Real Estate, LLC**

**DO NOT WRITE IN THIS SPACE**

**60029150**

<b>2. Principal Place of Business</b> c/o <b>Lakestar 4583 Highway 9 North</b> Suite, Apt. #, etc	<b>3. Mailing Address</b> Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

<b>City &amp; State</b> <b>Howell, NJ</b>	<b>City &amp; State</b>	<b>4. FEI Number</b> <b>20-4624890</b>	<b>Applied For</b> Not Applicable
<b>Zip</b> <b>07731</b>	<b>Country</b>	<b>Zip</b>	<b>Country</b>

<b>DO NOT WRITE IN THIS SPACE</b>	<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>		
	<b>7. Name and Address of Current Registered Agent</b>		
	Name		
	Street Address (P.O. Box Number is Not Acceptable)		
	City	<b>FL</b>	Zip Code

**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. DATE

FEE IS \$50.00  
Make Check Payable to Department of State  
DUE BY MAY 1

<b>9. MANAGING MEMBERS/MANAGERS</b>			
<b>TITLE</b> NAME <b>MGMR</b> <b>M. FRANKEL</b> <b>4583 Highway 9N</b> <b>Howell, NJ 07731</b>	<b>TITLE</b> NAME	<b>TITLE</b> NAME	<b>DO NOT WRITE IN THIS SPACE</b>
<b>STREET ADDRESS</b>	<b>STREET ADDRESS</b>	<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	<b>CITY-ST-ZIP</b>	<b>CITY-ST-ZIP</b>	
<b>TITLE</b> NAME	<b>TITLE</b> NAME	<b>TITLE</b> NAME	
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<b>CITY-ST-ZIP</b>	<b>CITY-ST-ZIP</b>	<b>CITY-ST-ZIP</b>	

**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] 32007  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083B (12/02)