

**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**

2. Principal Place of Business  
c/o Lakestar 4583 Highway 9 North  
Suite, Apt. #, etc

3. Mailing Address  
Suite, Apt. #, etc.

**60029150**

DO NOT WRITE IN THIS SPACE

City & State  
Howell, NJ

City & State

4. FEI Number  
20-4624890

Applied For  
Not Applicable

Zip  
07731

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional  
Fee Required

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**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.

**DATE**

FEF IS \$50.00

Make Check Payable to Department of State  
DUE BY MAY 1

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGMR  
M. FRANKEL  
4583 Highway 9N  
Howell, NJ 07731

TITLE  
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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)(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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/02)