

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L00000005262**

1. Entity Name
PORTVIEW OF CAPE CANAVERAL, L.L.C.

FILED

01 MAY -7 PM 4:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**69 NORTH ORLANDO AVENUE
COCOA BEACH FL 32931**

Mailing Address
**69 NORTH ORLANDO AVENUE
COCOA BEACH FL 32931**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
PO Box 110176

3. Mailing Address
PO Box 110176

City & State
Palm Bay FL
Zip
32911-0176

City & State
Palm Bay FL
Zip
32911-0176

4. FEI Number
65-1032896

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

6. Name and Address of Current Registered Agent
**MOSLEY, CURTIS R
1221 EAST NEW HAVEN AVENUE
MELBOURNE FL 32901**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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.
SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DOROUGH, HOWARD P.O. BOX 536098 ORLANDO FL 32853 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DOROUGH, JOHN P.O. BOX 536098 ORLANDO FL 32853 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HERRING, ANGELA M P.O. BOX 536098 ORLANDO FL 32853 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DOROUGH, HOKE D P.O. BOX 536098 ORLANDO FL 32853 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO Box 110176 Palm Bay, FL 32911-0176 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO Box 110176 Palm Bay, FL 32911-0176 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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*******50.00 *****50.00**

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