

**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90075 018 \*\*\*\*50.00



**DOCUMENT # L00000005262**  
 1. Entity Name  
 PORTVIEW OF CAPE CANAVERAL, L.L.C.

|   |   |
|---|---|
| Principal Place of Business<br>P.O. BOX 110176<br>PALM BAY, FL 32911-0176 | Mailing Address<br>P.O. BOX 110176<br>PALM BAY, FL 32911-0176 |
|---|---|

**DO NOT WRITE IN THIS SPACE**



02112004 No Chg-LLC CR2E083 (10/03)

|   |                                |
|---|--------------------------------|
| 4. FEI Number<br>65-1032896                               | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

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

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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. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00  
 Due by May 1, 2004**

| 9. MANAGING MEMBERS/MANAGERS                   |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>DOROUGH, HOWARD<br>P.O. BOX 110176<br>PALM BAY, FL 329110176   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>DOROUGH, JOHN<br>P.O. BOX 110176<br>PALM BAY, FL 329110176     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>HERRING, ANGELA M<br>P.O. BOX 110176<br>PALM BAY, FL 329110176 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>DOROUGH, HOKE D<br>P.O. BOX 110176<br>PALM BAY, FL 329110176   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>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 *Angela Herring* *4/24/04* (921) 725-7918  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

*Angella Hardy*