2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L0000005262

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

FILED Apr 29, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

P.O. BOX 110176 2582 S. MAGUIRE RD.

PALM BAY, FL 329110176 #104

OCOEE, FL 34761

ADDITIONS/CHANGES:

Current Mailing Address: New Mailing Address:

P.O. BOX 110176 2582 S. MAGUIRE RD.

PALM BAY, FL 329110176 #104 OCOEE, FL 34761

FEI Number: 65-1032896 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:

MOSLEY, CURTIS R 1221 EAST NEW HAVEN AVENUE MELBOURNE, FL 32901 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:

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete Title: MGRM (X) Change () Addition Name: DOROUGH, HOWARD Name: DOROUGH, HOWARD Address: P.O. BOX 110176 Address: 2582 S. MAGUIRE RD., #104

City-St-Zip: PALM BAY, FL 329110176 City-St-Zip: OCOEE, FL 34761

Title: MGRM () Delete Title: MGRM (X) Change () Addition Name: DOROUGH, JOHN Name: DOROUGH, JOHN

Address: P.O. BOX 110176 Address: 2582 S. MAGUIRE RD., #104

City-St-Zip: PALM BAY, FL 329110176 City-St-Zip: OCOEE, FL 34761

Title: MGRM () Delete Title: MGRM (X) Change () Addition Name: HERRING, ANGELA M Name: HERRING, ANGELA M

 Address:
 P.O. BOX 110176
 Address:
 2582 S. MAGUIRE RD., #104

 City-St-Zip:
 PALM BAY, FL 329110176
 City-St-Zip:
 OCOEE, FL 34761

Title: MGRM () Delete Title: MGRM (X) Change () Addition

 Name:
 DOROUGH, HOKE D
 Name:
 DOROUGH, HOKE D

 Address:
 P.O. BOX 110176
 Address:
 2582 S. MAGUIRE RD., #104

City-St-Zip: PALM BAY, FL 329110176 City-St-Zip: OCOEE, FL 34761

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: JOHN D. DOROUGH MGRM 04/29/2005