
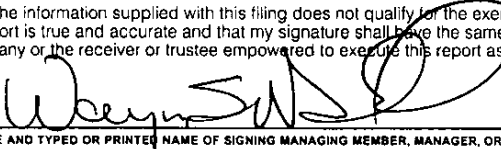


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90225 046 ****50.00

DOCUMENT # L03000018421 1. Entity Name PORTOFINO ENTERPRISES, L.L.C.					
Principal Place of Business C/O JOHN A. MORAN SARASOTA, FL 34236			Mailing Address PO BOX 3948 C/O JOHN A. MORAN SARASOTA, FL 34230		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-1188300	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MORAN, JOHN A 1990 MAIN STREET SUITE 700 SARASOTA, FL 34236			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
Filing Fee is \$50.00 Due by May 1, 2006				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MOREHEAD, WAYNE S 343 CARUSO COURT ATLANTA, GA 30350	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 			Date: 2/17/06		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Daytime Phone #</small>		

ATTACHMENT
20011705
#L03000018421
LAW OFFICES OF

DUNLAP & MORAN, P.A.

JUDSON H. BAILEY
JOHN E. BROWN* ^
SCOTT H. CARTER**
SCOTT W. DUNLAP*
RYAN A. FEATHERSTONE
RALPH L. FRIEDLAND¹
GARY KAUFFMAN¹¹
THOMAS B. LUZIER
RUTH E. McMAHON[†]
DAVID M. MITCHELL[‡]
JOHN A. MORAN
REBECCA J. PROCTOR
BURTON M. ROMANOFF[#]
JOHNSON S. SAVARY, JR.^{††}

SUITE 700
1990 MAIN STREET
SARASOTA, FLORIDA 34236
POST OFFICE BOX 3948
SARASOTA, FLORIDA 34230-3948
TELEPHONE 941-366-0115
FACSIMILE 941-365-4660

* FLORIDA BAR BOARD CERTIFIED-
REAL ESTATE
^ ALSO LICENSED IN KENTUCKY
** ALSO LICENSED IN TEXAS
¹ OF COUNSEL
ALSO LICENSED IN CONNECTICUT
¹¹ ALSO LICENSED IN NEW YORK
[†] FLORIDA BAR BOARD CERTIFIED-
WILLS, TRUSTS & ESTATES
ALSO LICENSED IN
COLORADO AND MICHIGAN
[‡] OF COUNSEL
[#] ALSO LICENSED IN PENNSYLVANIA
^{††} ALSO LICENSED IN MICHIGAN

February 24, 2006

6690-1

Division of Corporations
P.O. Box 6478
Tallahassee, FL 32314

Re: **PORTOFINO ENTERPRISES, LLC**

Dear Sir/Madam:

Enclosed is the 2006 Annual Report for filing in connection with the above-referenced Limited Liability Company. Also, please find **enclosed** a check in the amount of \$50.00, representing payment of your fee for filing.

I would appreciate your filing the enclosed Report and forward to me confirmation of said filing. I have **enclosed** a self-addressed envelope for returning said confirmation.

If you have any questions, please do not hesitate to contact me.

Very truly yours,

DUNLAP & MORAN, P.A.



Ryan A. Featherstone, Esq.
For the Firm

RAF/6690-1\Ltr-filing An Rpt
Enclosures