2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

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

FILED Apr 24, 2007 8:00 am Secretary of State

04-24-2007 90114 035 ****50.00

60039615



04162007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 65-1188300 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MORAN, JOHN A 1990 MAIN STREET SUITE 700 SARASOTA, FL 34236

SIGNATURE:

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Date

Daytime Phone #

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: Register		(NOTF: Registered A	gent signature required when reinstating)	DATE
Fi D	iling Fee is \$50.00 ue by May 1, 2007			
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MOREHEAD, WAYNE S 343 CARUSO COURT ATLANTA, GA 30350			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT	WRITE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				

11. I hereby certify that the information supplied with this filling does not sualify 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 on he receiver or trustee-empowered to execute this report as required by Chapter 608, Florida Statutes.

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