


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

3 **FILED**
Apr 19, 2005 8:00 am
Secretary of State

03-17-2005 90137 007 ****55.00

DOCUMENT # L04000086468

1. Entity Name
PORTOFINO OF ST. AUGUSTINE, LLC



Principal Place of Business
9471 BAYMEADOWS ROAD, SUITE 403 JACKSONVILLE, FL 32256

Mailing Address
9471 BAYMEADOWS ROAD, SUITE 403 JACKSONVILLE, FL 32256

30003699



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

02112005 Chg-LLC CR2E083 (10/03)

4. FEL Number
59-2643002

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
ATKERSON, CHARLES F JR
9471 BAYMEADOWS ROAD, SUITE 403
JACKSONVILLE, FL 32256

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		Charles F. Attkerson, Jr.	
		9471 Baymeadows Road	
		#403 Jacksonville, FL 32256	
		Managing member	

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 606, Florida Statutes.

SIGNATURE:  DATE: **3/14/05** 904-739-2202
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

ATTACHMENT

3003699

PORTOFINO OF ST. AUGUSTINE, LLC
9471 Baymeadows Road, Suite 403
Jacksonville, FL 32256
904-739-2202

April 14, 2005

Florida Department of State
Division of Corporations
P O Box 6478
Tallahassee, FL 32314

RE: L04000086468

To Whom It May Concern:

In reference to your letter dated March 24, 2005, you asked us to provide you with the title of the manager for the above mentioned.

Charles F. Atkerson, Jr. is the single owner of Portofino of St. Augustine, LLC; therefore he is the managing member. Since this is a single owner entity; the managing member's social security number is the ID #.

Please change our suite # to 403.

If you should have any further questions, please feel free to call.

Sincerely,



Lynn S. Bidleman

/lsb

Enclosure