


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000086468 1. Entity Name PORTOFINO OF ST. AUGUSTINE, LLC	
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Principal Place of Business 8833 PERIMETER PARK BLVD. SUITE 1104 JACKSONVILLE, FL 32216	Mailing Address 8833 PERIMETER PARK BLVD. SUITE 1104 JACKSONVILLE, FL 32216
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DO NOT WRITE IN THIS SPACE



03142008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 59-2642002	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

ATKERSON, CHARLES F JR
 8833 PERIMETER PARK BLVD
 1104
 JACKSONVILLE, FL 32216

DO NOT WRITE IN THIS SPACE

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)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

00000913627
 05/08/08-80007-021 143.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM C. ATKERSON, INC. 8833 PERIMETER PARK BLVD # 1104 JACKSONVILLE, FL 32216
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Charles F. Atkinson, Jr. Date: 4/17/08 Daytime Phone #: 904-564-2252

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