## **2006 LIMITED LIABILITY COMPANY** ANNUAL REPORT

STREET ADDRESS CITY-ST-ZIP

TITLE

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STREET ADDRESS CITY-ST-ZIP



DOCUMENT #L03000047980 1. Entity Name PORTOFINO REAL ESTATE INVESTMENTS, LLC Principal Place of Business Mailing Address 20008644 1250 E HALLANDALE BEACH BLVD 1250 E HALLANDALE BEACH BLVD PENTHOUSE A PENTHOUSE A HALLANDALE, FL 33009 HALLANDALE, FL 33009 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country Zip Country .. 6. Name and Address of Current Registered Agent STOLZENBERG, KEITH H ESQ Street Address (P.C RAFFERTY, STOLZENBERG, GELLES ET AL 1401 BRICKELL AVE, STE 825 MIAMI, FL 33131 City 8. The above named entity submits this statement for the purpose of changing its registered office or registered the obligations of registered agent SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required wt Filing Fee is \$50.00 23 Due by May 1, 2006 06 MANAGING MEMBERS/MANAGERS 9. 10. MGRM.\_\_ TITLE ☐ Delete SAVYSKY, ANDREW M NAME NAME STREET ADDRESS 757 SE 17TH ST #399 STREET ADDRESS FORT LAUDERDALE, FL 33316 CITY-ST-ZIP CITY-ST-ZIP TITLE MGRM ☐ Delete TITLE ASSEFF, MICHAEL NAME NAME STREET ADDRESS 1250 E HALLANDALE BEACH BLVD, PENTHOUSE A STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP HALLANDALE, FL 33009 ☐ Delete TITLE ☐ Channe TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME

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.

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Andrew SANYSKY 2-2-06 Wesidort SIGNATURE: GINNG MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE PRINTED NAME OF

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FILED Feb 17, 2006 8:00 am Secretary of State 02-17-2006 90018 004 \*\*\*\*50.00

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5. Certificate	of Status Desired		5.00 Add se Required	
7. Name and Address of New Registered Agent				
D. Box Number is Not Acceptable)				
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FL Zip Code				
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Daytime Phone #

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