2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # M04000002379

1. Entity Name VNDÉ PORTOFINO III, L.L.C.



Principal Place of Business 217 N. COLUMBIA STREET COVINGTON, LA 70433

Mailing Address

217 N. COLUMBIA STREET COVINGTON, LA 70433

FILED Jul 31, 2006 8:00 am **Secrétary of State**

07-31-2006 90143 005 ****50.00

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DO NOT WRITE IN THIS SPACE

07172006 No Chg-LLC CR2E083 (11/05)

Applied For 4. FEI Number 32-0120316 Not Applicable \$5.00 Additional Fee Required 5. Certificate of Status Desired

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

**SIGNATURE:** 

## DO NOT WRITE IN THIS SPACE

1.18.06

185.635.6009

|                                       | named entity submits this statement for the purpose of changing ions of registered agent.                                                                                                                | ig its registered office or registered agent, or both, in the State of Florida. I am familiar with, and account                                                                                                                                                      | pt       |
|---------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| SIGNATURE_                            |                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                      |          |
| SIGNATORIES                           | Signature, typed or printed name of registered agent and title if applicable.                                                                                                                            | (NOTE: Registered Agent signature required when reinstating) DATE                                                                                                                                                                                                    |          |
| Fil<br>Due b                          | ing Fee is \$50.00<br>by September 6, 2006                                                                                                                                                               |                                                                                                                                                                                                                                                                      |          |
| 9.                                    | MANAGING MEMBERS/MANAGERS                                                                                                                                                                                |                                                                                                                                                                                                                                                                      | _        |
| TITLE                                 | MGRM                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                      |          |
| NAME                                  | CARI INVESTMENT COMPANY                                                                                                                                                                                  |                                                                                                                                                                                                                                                                      |          |
| STREET ADDRESS                        | 217 N. COLUMBIA STREET                                                                                                                                                                                   |                                                                                                                                                                                                                                                                      |          |
| CITY-\$T-ZIP                          | COVINGTON, LA 70433                                                                                                                                                                                      |                                                                                                                                                                                                                                                                      |          |
| TITLE                                 | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                    |                                                                                                                                                                                                                                                                      |          |
| NAME                                  |                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                      |          |
| STREET ADDRESS                        |                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                      |          |
| CITY-ST-ZIP                           |                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                      |          |
| TITLE                                 |                                                                                                                                                                                                          | ·                                                                                                                                                                                                                                                                    |          |
| NAME                                  |                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                      |          |
| STREET ADDRESS                        |                                                                                                                                                                                                          | DO NOT WOITE                                                                                                                                                                                                                                                         |          |
| CITY-ST-ZIP                           |                                                                                                                                                                                                          | DO NOT WRITE                                                                                                                                                                                                                                                         |          |
| TITLE                                 |                                                                                                                                                                                                          | IN THIS SPACE                                                                                                                                                                                                                                                        |          |
| NAME                                  |                                                                                                                                                                                                          | IN THIS SPACE                                                                                                                                                                                                                                                        |          |
| STREET ADDRESS                        |                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                      |          |
| CITY-ST-ZIP                           |                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                      |          |
| TITLE                                 |                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                      |          |
| NAME                                  |                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                      |          |
| STREET ADDRESS                        |                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                      |          |
| CITY-ST-ZIP                           |                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                      |          |
| TITLE                                 | ;                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                      |          |
| NAME                                  |                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                      |          |
| STREET ADDRESS                        | :                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                      |          |
| CITY-ST-ZIP                           |                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                      |          |
| 11. I hereby of indicated limited lia | certify that the information supplied with this filing does not qua<br>on this report is true and accourage and that my signature shall<br>bility company or the receiver of trustee empowered to execut | alify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the informatic have the same legal effect as if made under oath; that I am a managing member or manager of the this report as required by Chapter 608, Florida Statutes. | ie<br>ie |