## 2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

## DOCUMENT # A02000000354

PORTOFINO PHASE I LAND, LTD.



**FILED** Mar 03, 2006 08:00 AM Secretary of State

Principal Place of Business

359 CAROLINA AVENUE WINTER PARK, FL 32789 Mailing Address

359 CAROLINA AVENUE WINTER PARK, FL 32789



01032006 No Chg-LP DO NOT WRITE IN THIS SPACE

CR2E003 (11/05)

4. FEI Number 01-0641224

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

DOWNING, GRANT T 222 WEST COMSTOCK AVENUE, SUITE 101 WINTER PARK, FL 32789

## DO NOT WRITE IN THIS SPACE

<ol> <li>The above named entity submits this statement for the purpose of changing its register the obligations of registered agent.</li> </ol>	Led office or registered agent, or both, in the State of Florida. Lam familiar with, and accept
SIGNATURE — Signature, typed or printed name of registered agent and title if applicable	DATE
FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will bo \$900.00	
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.	
12. GENERAL PARTNER INFORMATION	
DOCUMENT # 1,02000006051	
NAME PORTOFINO PHASE I, LLC	
STREET ADDRESS 359 CAROLINA AVENUE	
City-St-2P WINTER PARK, FL 32789	
BOCUMENT #	<u> </u>
NAME	800000454398 837157 <b>0</b> 6+8001 <b>4</b> +014-5 <b>00.00</b>
STREET ADDRESS	00,000 710-71000 00 411 40
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14. 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 it made under oath, that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

STAPLE CHECK HERE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PART

Daytime Phone #