


**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 14, 2007**

**FILED**  
**Jul 17, 2007 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # A02000000354</b><br>1. Entity Name<br>PORTOFINO PHASE I LAND, LTD. |  |
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|   |   |
|---|---|
| Principal Place of Business<br>359 CAROLINA AVENUE<br>WINTER PARK, FL 32789 | Mailing Address<br>359 CAROLINA AVENUE<br>WINTER PARK, FL 32789 |
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|                                   |
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| <b>DO NOT WRITE IN THIS SPACE</b> |
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05212007 No Chg-LP

CR2E003 (12/06)

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>01-0641224 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

|   |  |
|---|--|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional<br>Fee Required |
|---|--|

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|---|
| 6. Name and Address of Current Registered Agent<br><br>DOWNING, GRANT T<br>222 WEST COMSTOCK AVENUE, SUITE 101<br>WINTER PARK, FL 32789 |
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| <b>DO NOT WRITE<br/>IN THIS SPACE</b> |
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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

**FILE NOW!!! FEE IS \$900.00**  
**On or after September 14, 2007, Fee will be \$1000.00**

**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 #     | L02000006051           |
| NAME           | PORTOFINO PHASE I, LLC |
| STREET ADDRESS | 359 CAROLINA AVENUE    |
| CITY-ST-ZIP    | WINTER PARK, FL 32789  |
| DOCUMENT #     |                        |
| NAME           |                        |
| STREET ADDRESS |                        |
| CITY-ST-ZIP    |                        |
| DOCUMENT #     |                        |
| NAME           |                        |
| STREET ADDRESS |                        |
| CITY-ST-ZIP    |                        |
| DOCUMENT #     |                        |
| NAME           |                        |
| STREET ADDRESS |                        |
| CITY-ST-ZIP    |                        |
| DOCUMENT #     |                        |
| NAME           |                        |
| STREET ADDRESS |                        |
| CITY-ST-ZIP    |                        |

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|---|
| <p>U000000769227<br/>07/17/07-80003-015 900.00</p> <p><b>DO NOT WRITE<br/>IN THIS SPACE</b></p> |
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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 if 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:** Todd Goldberg  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

6/20/07 973-734-1300  
Date Daytime Phone #

STAPLE CHECK HERE