

**2008 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2008**

**DOCUMENT # A02000000354**

1. Entity Name  
PORTOFINO PHASE I LAND, LTD.



Principal Place of Business  
359 CAROLINA AVENUE  
WINTER PARK, FL 32789

Mailing Address  
359 CAROLINA AVENUE  
WINTER PARK, FL 32789

**DO NOT WRITE IN THIS SPACE**

01082008 No Chg-LP CR2E003 (12/06)

4. FEI Number 01-0641224	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. 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**

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

DATE

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2008, Fee will be \$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 # L02000008051  
NAME PORTOFINO PHASE I, LLC  
STREET ADDRESS 359 CAROLINA AVENUE  
CITY-ST-ZIP WINTER PARK, FL 32789

U000000848762  
03/20/08-80030-017-500.00

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:** Carly Miller Carly Miller

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2126108 773-734-1187  
Date Daytime Phone #

STAPLE CHECK HERE