

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Mar 05, 2008 08:00 A
Secretary of State

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

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$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 # **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

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

000000848762
03/20/08-80030-017-500.00

**DO NOT WRITE
IN THIS SPACE**

STAPLE CHECK HERE

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

2/26/08

Date

973-734-1187

Daytime Phone #