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

**DOCUMENT # A02000000419**

**1.** Entity Name
PORTOFINO PHASE II LAND, LTD.

| Principal Place of Business | Mailing Address |
|---|---|
| 359 CAROLINA AVENUE<br>WINTER PARK, FL  32789 | 359 CAROLINA AVENUE<br>WINTER PARK, FL  32789 |

# DO NOT WRITE IN THIS SPACE

05212007  No Chg-LP          CR2E003 (12/06)

| **4.** FEI Number | Applied For |
|---|---|
| 04-3625505 | Not Applicable |

**5.** Certificate of Status Desired  ☐   **$8.75** Additional Fee Required

| 6.  Name and Address of Current Registered Agent | |
|---|---|
| DOWNING, GRANT T<br>222 WEST COMSTOCK AVENUE, SUITE 101<br>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 $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 # | L02000006867 |
| NAME | PORTOFINO PHASE II, LLC |
| STREET ADDRESS | 359 CAROLINA AVENUE |
| CITY-ST-ZIP | WINTER PARK, FL  32789 |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
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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: _____ _Todd Goldb___     6/20/07   973-734-1300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER        Date        Daytime Phone #