

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90075 018 ****50.00

DOCUMENT # L00000005262

1. Entity Name

PORTVIEW OF CAPE CANAVERAL, L.L.C.



Principal Place of Business

P.O. BOX 110176

PALM BAY, FL 32911-0176

Mailing Address

P.O. BOX 110176

PALM BAY, FL 32911-0176



02112004 No Chg-LLC

CR2E083 (10/03)

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4. FEI Number
65-1032896

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MOSLEY, CURTIS R
1221 EAST NEW HAVEN AVENUE
MELBOURNE, FL 32901

**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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
DOROUGH, HOWARD
P.O. BOX 110176
PALM BAY, FL 329110176

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
DOROUGH, JOHN
P.O. BOX 110176
PALM BAY, FL 329110176

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
HERRING, ANGELA M
P.O. BOX 110176
PALM BAY, FL 329110176

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
DOROUGH, HOKE D
P.O. BOX 110176
PALM BAY, FL 329110176

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Angela M. Hardy

4/24/04 *(721) 725-7918*