

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90211 044 \*\*\*\*50.00

**DOCUMENT # L00000014460**

1. Entity Name

**PORTOFINO DEVELOPMENT ENTERPRISES, LLC**

Principal Place of Business

**1241 AIRPORT ROAD, SUITE B  
 DESTIN FL 32541**

Mailing Address

**34876 EMERALD COAST PKWY.  
 DESTIN FL 32541**

2. Principal Place of Business

**1217 AIRPORT ROAD**

Suite, Apt. #, etc.

**SUITE 419**

City & State

**DESTIN, FL**

Zip

**32541**

Country

**OKALOOSA**

3. Mailing Address

**1217 AIRPORT ROAD**

Suite, Apt. #, etc.

**SUITE 419**

City & State

**DESTIN FL**

Zip

**32541**

Country

**OKALOOSA**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**APPLIED FOR**

**59-3685949**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**MCKELVY, WILLIAM R  
 1241 AIRPORT ROAD, SUITE 419  
 DESTIN FL 32541**

7. Name and Address of New Registered Agent

Name

**William McKelvy**

Street Address (P.O. Box Number is Not Acceptable)

**1217 Airport Road**

**Suite 419**

City

**Destin**

**FL**

Zip Code

**32541**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE ☐ Delete

**MGRM  
 DESTIN GROUP, LLP.  
 PO BOX 217  
 BAKER FL 32531**

TITLE ☒ Delete

**MEM  
 CLARY, CHARLES W  
 P.O. BOX 778  
 SHALIMAR FL 32579**

TITLE ☒ Delete

**MEM  
 CLARY, CHARLES W III  
 P.O. BOX 778  
 SHALIMAR FL 32579**

TITLE ☐ Delete

**MEM  
 PHILLIPS, RUPERT E  
 1719 GRAND SYCAMORE LANE  
 BAKER FL 32531**

TITLE ☐ Delete

**TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP**

TITLE ☐ Delete

**TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP**

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

**TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP**

TITLE ☐ Change ☐ Addition

**TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP**

TITLE ☐ Change ☐ Addition

**TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP**

TITLE ☒ Change ☐ Addition

**P.O. BOX 219**

TITLE ☐ Change ☐ Addition

**TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP**

TITLE ☐ Change ☐ Addition

**TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP**

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 REQUIRED**  
**MANAGER**

**4-29-02**

**(850) 650-5201**

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

Date

Daytime Phone #

CR2E083 (9/01)