

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

0004057

DOCUMENT # L01000000098

1. Entity Name

PORTOFINO RBG, L.C.

04-01-2002 90609 021 *****50.00

Principal Place of Business

**1499 SOUTH HARBOR CITY BLVD., STE. 201
 MELBOURNE FL 32901**

Mailing Address

**1499 SOUTH HARBOR CITY BLVD., STE. 201
 MELBOURNE FL 32901**

00004880



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

02-0542930

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**POTTER, WILLIAM C
 1499 SOUTH HARBOR CITY BLVD., STE. 201
 MELBOURNE FL 32901**

Name

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

City

FL

Zip Code

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

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete
 NAME **GORMAN, Stephen E**
 STREET ADDRESS **2555 N. CLARK, #1502**
 CITY-ST-ZIP **CHICAGO, IL 60614**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **MGRM** ☐ Delete
 NAME **RUSTON, JAMES M**
 STREET ADDRESS **1809 KELLY CT.**
 CITY-ST-ZIP **BARRINGTON, IL 60015**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **MGRM** ☐ Delete
 NAME **BROWNING, RACHEL**
 STREET ADDRESS **325 WILLOWCREEK**
 CITY-ST-ZIP **WILLOWBROOK, IL 60514**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **MGRM** ☐ Delete
 NAME **RUSTON, ANNOREM**
 STREET ADDRESS **1809 KELLY CT**
 CITY-ST-ZIP **BARRINGTON, IL 60015**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
 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: S. E. Gorman **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

02.09.02 312.570.1293
 Date Daytime Phone #

CR2E083 (9/01)