

FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90029 043 ****50.00

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000004154

1. Entity Name
PORTOFINO PENTHOUSE II, L.L.C.



Principal Place of Business
300 SOUTH POINTE DRIVE, NO. PH2
MIAMI BEACH, FL 33139

Mailing Address
300 SOUTH POINTE DRIVE, NO. PH2
MIAMI BEACH, FL 33139

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

c/o Alan E. Krinzman Esq.

Suite, Apt. #, etc.

2600 S Bayshore Drive

City & State

Miami, FL 33133

Zip

Country

4. FEI Number
04-3620964

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

STRATTON, DOUGLAS
407 LINCOLN ROAD, SUITE 2-A
MIAMI BEACH, FL 33139

7. Name and Address of New Registered Agent

Name

Alan E. Krinzman, Esq.

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

2601 S Bayshore Drive

Suite 1600

City Miami

FL Zip Code
33133

B. 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.

Alan E. Krinzman, Esq. April 17, 2003

(NOTE: Registered Agent's signature required when resigning)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE Manager ☐ Delete
NAME Jagodzinski, Christian
STREET ADDRESS 10 Palm Avenue
CITY-ST-ZIP Miami Beach, FL 33139

TITLE Manager ☐ Delete
NAME Ridoutt, Paul
STREET ADDRESS 10 Palm Avenue
CITY-ST-ZIP Miami Beach, FL 33139

TITLE Member ☐ Delete
NAME Portofino Partner, L.L.C.
STREET ADDRESS c/o A. Krinzman, Suite 1600
CITY-ST-ZIP 2601 S Bayshore Dr Miami FL 33133

TITLE Member ☐ Delete
NAME Montano Holding Ltd.
STREET ADDRESS 10 Palm Avenue
CITY-ST-ZIP Miami Beach, FL 33139

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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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:

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

Alan E. Krinzman, Esq., Authorized Agent

(305) 860-7360

4/17/03
Daytime Phone #

CR2E083 (10/02)