

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

04-29-2003 90029 042 ****50.00

DOCUMENT # L02000004156

1. Entity Name
PORTOFINO PARTNER, 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

20035559

2. Principal Place of Business

3. Mailing Address
Alan E. Krinzman Esq.
Suite 1600

Suite, Apt. #, etc.

Suite, Apt. #, etc.
2601 S Bayshore Dr.

☒ CHECK HERE IF MAKING CHANGES

City & State

City & State
Miami, Florida

4. FEI Number
Applied For

Applied For
Not Applicable

Zip

Country

Zip
33133

Country
USA

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name
Alan E. Krinzman, Esq.
Street Address (P.O. Box Number Is Not Acceptable)
Suite 1600
2601 S Bayshore Drive
City **Miami** FL Zip Code **33133**

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 obligation of registered agent.

SIGNATURE

Alan E. Krinzman, Esq. 4/17/03

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

(NOTE: Registered Agents signature required when maintaining)

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

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

10. ADDITIONS/CHANGES

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

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

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

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STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

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

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 506, Florida Statutes.

SIGNATURE:

Alan E. Krinzman, Esq., Agent

Authorized

4/17/03 (305)860-7360

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

Date

Daytime Phone #

CR2E083 (10/02)