

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 30, 2006 8:00 am**  
**Secretary of State**

03-30-2006 90193 006 \*\*\*\*50.00

**DOCUMENT # L03000049058**

1. Entity Name  
PORTOFINO ADVENTURES, LLC



Principal Place of Business  
TEN PORTOFINO DRIVE  
PENSACOLA BEACH, FL 32561

Mailing Address  
TEN PORTOFINO DRIVE  
PENSACOLA BEACH, FL 32561 US

4004101



03172006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-0024490	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

CAMPBELL, JAMES S  
501 COMMENDENCIA ST  
PENSACOLA, FL 32502

**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, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	LEVIN, ALLEN R
STREET ADDRESS	TEN PORTOFINO DRIVE
CITY - ST - ZIP	PENSACOLA BEACH, FL 32561

TITLE	MGR
NAME	RINKE, ROBERT
STREET ADDRESS	TEN PORTOFINO DRIVE
CITY - ST - ZIP	PENSACOLA BEACH, FL 32561

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CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**  **Robert L. Rinke** 3/28/06 850-916-5050  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #