

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000051387

FILED
May 01, 2008
Secretary of State

Entity Name: PORTVIEW INN & SUITES, L.L.C.

Current Principal Place of Business:

9009 ASTRONAUT BLVD
CAPE CANAVERAL, FL 32920

New Principal Place of Business:

Current Mailing Address:

215 N CENTRAL AVE
DULUTH, MN 55807

New Mailing Address:

5629 GRAND AVENUE
DULUTH, MN 55807

FEI Number: 52-2420289 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

COX, DALE L
2582 S. MAGUIRE RD.
#104
OCOE, FL 34761 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PORTVIEW OF CAPE CAN, AVERAL, L.L.C.
Address: 2582 S. MAGUIRE RD., #104
City-St-Zip: OCOEE, FL 34761

Title: MGRM () Delete
Name: THE OLIVER GROUP, L., L.C.
Address: 215 N. CENTRAL AVE
City-St-Zip: DULUTH, MN 55807

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: TIFFANY NELSEN

ACCT

05/01/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date