

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 26, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000086468

1. Entity Name
PORTOFINO OF ST. AUGUSTINE, LLC



Principal Place of Business
**8833 PERIMETER PARK BLVD.
SUITE 1104
JACKSONVILLE, FL 32216**

Mailing Address
**8833 PERIMETER PARK BLVD.
SUITE 1104
JACKSONVILLE, FL 32216**



04022007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2642002

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**ATKERSON, CHARLES F JR
8833 PERIMETER PARK BLVD
1104
JACKSONVILLE, FL 32216**

**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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
C. ATKERSON, INC.
8833 PERIMETER PARK BLVD # 1104
JACKSONVILLE, FL 32216**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000735013
05/10/07-80016-022 55.00

**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: _____

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

4/24/07 904-564-2252

Date

Daytime Phone #