

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000062377

FILED  
Apr 20, 2009  
Secretary of State

Entity Name: PORTOFINO APARTMENTS, LLC

**Current Principal Place of Business:**

320 NORTH MAIN STREET, SUITE 200  
ANN ARBOR, MI 48104

**New Principal Place of Business:**

**Current Mailing Address:**

320 NORTH MAIN STREET, SUITE 200  
ANN ARBOR, MI 48104

**New Mailing Address:**

FEI Number: 26-0126958

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KALEITA, GARY M  
215 NORTH EOLA DRIVE  
ORLANDO, FL 32801 US

**Name and Address of New Registered Agent:**

SIGNER, GREG  
124 E WELBOURNE AVENUE  
WINTER PARK, FL 32789 US

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: GREG SIGNER

04/20/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: GPR MCKINLEY MANAGER LLC  
Address: P.O. BOX 8649  
City-St-Zip: ANN ARBOR, MI 48107

Title: MGR ( ) Delete  
Name: MCKINLEY ASSOCIATES, INC.  
Address: P.O. BOX 8649  
City-St-Zip: ANN ARBOR, MI 48107

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: GPR MCKINLEY MANAGER LLC  
Address: 320 N MAIN STREET SUITE 200  
City-St-Zip: ANN ARBOR, MI 48107

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: CHERYL RABBITT

VP

04/20/2009

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