

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Feb 10, 2006 8:00 am
Secretary of State

01-17-2006 90063 021 ****50.00

DOCUMENT # L05000083205 1. Entity Name PORTOFINO PLAZA (PORT ST. LUCIE), L.L.C.					
Principal Place of Business 13248 WEST BROWARD BOULEVARD PLANTATION, FL 33313			Mailing Address 13248 WEST BROWARD BOULEVARD PLANTATION, FL 33313		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
<div style="display: flex; justify-content: space-between;"> 01042006 Chg-LLC CR2E083 (11/05) <div style="border: 1px solid black; padding: 2px;"> 4. FEI Number 72-1609769 </div> <div style="border: 1px solid black; padding: 2px;"> Applied For <input type="checkbox"/> Not Applicable </div> </div>					
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent STEIN, WARREN J 13248 WEST BROWARD BOULEVARD PLANTATION, FL 33313			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STEIN, WARREN J 13248 WEST BROWARD BOULEVARD PLANTATION, FL 33313 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BILIA, DAVID 4917 NORTH UNIVERSITY DRIVE LAUDERHILL, FL 33351 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Warren J Stein</i> MGR <i>David Bilia</i> MGR <i>Warren J Stein</i> MGR <i>David Bilia</i> MGR 1/12/06 474-8585					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE _____ Date _____ Daytime Phone # _____					

ATTACHMENT

30000422



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 23, 2006

PORTOFINO PLAZA (PORT ST. LUCIE), L.L.C.
13248 WEST BROWARD BOULEVARD
PLANTATION, FL 33313

Subject: PORTOFINO PLAZA (PORT ST. LUCIE), L.L.C.

Reference Number: **L05000083205**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

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ANNUAL REPORTS SECTION