2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000083205

1. Entity Name
PORTOFINO PLAZA (PORT ST. LUCIE), L.L.C.

Principal Place of Business	Mailing Address
13248 WEST BROWARD BOULEVARD PLANTATION, FL 33313	13248 WEST BROWARD BOULEVARD PLANTATION, FL 33313

DO NOT WRITE IN THIS SPACE

01032007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number		Applied For
72-1609769		Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

STEIN, WARREN J
13248 WEST BROWARD BOULEVARD
PLANTATION, FL 33313

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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	MGR
NAME	STEIN, WARREN J
STREET ADDRESS	13248 WEST BROWARD BOULEVARD
CITY-ST-ZIP	PLANTATION, FL 33313
TITLE	MGR
NAME	BILIA, DAVID
STREET ADDRESS	4917 NORTH UNIVERSITY DRIVE
CITY-ST-ZIP	LAUDERHILL, FL 33351
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	

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01/12/07-80002-013 50.00

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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: _Warren J Stein / MGR._   WARREN J. Stein, MGR.   DAVID BILIA, MGR.   1/5/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #

954-474-8585