2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2007
Secretary of State

DOCUMENT# L05000108203

Entity Name: THE FALLS OF PORTOFINO BUILDERS, LLC

Current Principal Place of Business:

5555 ANGLERS AVE.
SUITE # 16B
FT. LAUDERDALE, FL 33312 US

New Principal Place of Business:

4651 SHERDIAN STREET
SUITE # 480
HOLLYWOOD, FL 33021 US

Current Mailing Address:

5555 ANGLERS AVE.
SUITE # 16B
FT. LAUDERDALE, FL 33312 US

New Mailing Address:

4651 SHERDIAN STREET
SUITE # 480
HOLLYWOOD, FL 33021 US

FEI Number: 84-1693505 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GREENFIELD, STEVEN B
7000 W. PALMETTO PARK RD.
SUITE 402
BOCA RATON, FL 33433 US

Name and Address of New Registered Agent:

GREENFIELD, STEVEN B ESQ.
7000 WEST PALMETTO PARK RD.
SUITE # 402
BOCA RATON, FL 33433 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: STEVEN B. GREENFIELD, ESQ. 04/27/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: ABBO, LARRY M
Address: 5555 ANGLERS AVE. SUITE # 16B
City-St-Zip: FT. LAUDERDALE, FL 33312 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: ABBO, LARRY M
Address: 4651 SHERDIAN STREET SUITE # 480
City-St-Zip: HOLLYWOOD, FL 33021 US

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: LARRY M. ABBO MGRM 04/27/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date