


## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # L06000014921</b> 1. Entity Name 805 PORTO VITA LLC						FILED 07 MAY 14 PM 1:32 DEPARTMENT OF STATE TALLAHASSEE, FLORIDA					
Principal Place of Business 2665 SOUTH BAYSHORE DR. STE 703 C/O MITCHELL S. POLANSKY MIAMI, FL 33133				Mailing Address 2665 SOUTH BAYSHORE DR. STE 703 C/O MITCHELL S. POLANSKY MIAMI, FL 33133							
2. Principal Place of Business - No P.O. Box #				3. Mailing Address				02142007 Chg-LLC CR2E083 (12/06)			
Suite, Apt. #, etc.				Suite, Apt. #, etc.				4. FEI Number 20-5421959			
City & State				City & State				Applied For Not Applicable			
Zip		Country		Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent					
POLANSKY, MITCHELL S ESQ 2665 SOUTH BAYSHORE DR. STE 703 MIAMI, FL 33133						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 _____											
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>								<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS						10. ADDITIONS/CHANGES					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KORALL, JANINA 2665 SOUTH BAYSHORE DR. STE 703 MIAMI, FL 33133	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	\$35/22				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR POLANSKY, MITCHELL S 2665 SOUTH BAYSHORE DR. STE 703 MIAMI, FL 33133	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200103521322 05/30/07--01032--018 **650.00				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KORALL, ROBERTO 2665 SOUTH BAYSHORE DR. STE 703 MIAMI, FL 33133	<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>Janina Korall</i>						Date: 2/14/07		(305) 858-9900			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE											