2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000075547 1. Entity Name PORTOFINO VILLAS, LLC						07 APD	ILEE 27 AM 8)	
Principal Plac	e of Business	Mailing Address			1	O' HER	27 AM 8		
2020 WEST PENSACOLA STREET		P.O. BOX 2535			DV	SECRETA TALLAHAS	0.	UJ	
SUITE 27		TALLAHASSEE, FL 32316 US			BK	TALLA	RYTHER	£ 7 a	
- +	E, FL 32304 US	, , , , , , , , , , , , , , , , , , , ,				MELAHAS	SFF EIL	ALE	
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01252007		CR2E083	·		
City & State		City & State			4. FEI Num	20-527		No	oplied For ot Applicable
Zip	Country	Zip Coun		ry	5. Certificate of Status Desired			□ \$5.00 Additional Fee Required	
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent					
				Name					
SAULS, JAMES S				Street Address (P.O. Box Number is Not Acceptable)					
2020 WES SUITE 27	T PENSACOLA STREET			Street Address (P.O. DOX NUM	oer is Not Acceptab	ie)		
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TALLAHASSEE, FL 32304			ļ						
				City			FL	Zip Cod	8
8. The above	named entity submits this statement fo	r the purpose of changing its	registere	d office or register	ed agent, or b	oth, in the State of F	lorida. I am fami	liar with.	and accept
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							ke check paya a Department		в
9.	MANAGING MEMBE	PS/MANAGERS	10.			ADDITIONS	/CHANGES		
TITLE	MGR	Delete	TITLE	T	<u> </u>			Charme	Addition
NAME	SAULS, JAMES S	LI Delete	NAME		0576	1 00101 17/070100	6024	#¥50	
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CITY-ST-ZIP	TALLAHASSEE, FL 32316			ST-ZIP	Diz				
TITLE	MGRM	Delete	TITLE					Change	Addition
NAME	LEONI, STEVEN M	C Detete	NAME					Спапус	☐ Addition
STREET ADDRESS	P.O. BOX 2535			T ADDRESS					
CITY-ST-ZIP	TALLAHASSEE, FL 32316			ST-ZIP					
TITLE		Delete	TITLE					Change	☐ Addition
NAME		□ Delete	NAME					Спапур	
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CITY-ST-ZIP			CITY-	ST-ZIP					
TITLE		☐ Delete	TITLE					Change	Addition
NAME		The Delete	NAME				U	arange.	noodon
STREET ADDRESS				T ADDRESS					
CITY+ST-ZIP				ST-ZIP					
	entify that the information supplied with	this filling does not qualify or			in Chanter 110	Florida Statutos 1 f	urther certify the	t the info	rmation
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 empewered to execute this report as required by Chapter 608, Florida Statutes.									
		11			, /	′ /			
SICNATURE: 4/1/2/07 951-3131									
SIGNATURE: SIGNATURE AND TYPED OR PRINTED MANAGE PROPERTY AND TYPED OR PROPERTY PROPERTY OF SIGNATURE AND TYPED OR SIGNATURE AND TYPED OR TYPED OR SIGNATURE AND TYPED OR SIGNA									