

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000075547

Entity Name: PORTOFINO VILLAS, LLC

FILED
Apr 28, 2009
Secretary of State

Current Principal Place of Business:

2020 WEST PENSACOLA STREET
SUITE 27
TALLAHASSEE, FL 32304 US

New Principal Place of Business:

770 APPELYARD DRIVE
TALLAHASSEE, FL 32304 US

Current Mailing Address:

P.O. BOX 2535
TALLAHASSEE, FL 32316 US

New Mailing Address:

FEI Number: 20-5276893 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAULS, JAMES S
2020 WEST PENSACOLA STREET
SUITE 27
TALLAHASSEE, FL 32304 US

Name and Address of New Registered Agent:

LEONI, STEVEN M
2020 WEST PENSACOLA STREET
SUITE 27
TALLAHASSEE, FL 32304 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 M. LEONI

04/28/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SAULS, JAMES S
Address: P.O. BOX 2535
City-St-Zip: TALLAHASSEE, FL 32316 US

Title: MGRM (X) Delete
Name: LEONI, STEVEN M
Address: P.O. BOX 2535
City-St-Zip: TALLAHASSEE, FL 32316 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LEONI, STEVEN M
Address: PO BOX 2535
City-St-Zip: TALLAHASSEE, FL 32316 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: STEVEN M. LEONI

MGRM

04/28/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date