

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000034954

FILED
Apr 27, 2008
Secretary of State

Entity Name: PORTOFINO WATERSPORTS, LLC

Current Principal Place of Business:

102 COUNTRY CLUB DR. WEST
DESTIN, FL 32541 US

New Principal Place of Business:

130 DOLPHIN POINT ROAD
NICEVILLE, FL 32578 US

Current Mailing Address:

102 COUNTRY CLUB DR. WEST
DESTIN, FL 32541 US

New Mailing Address:

130 DOLPHIN POINT ROAD
NICEVILLE, FL 32578 US

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAKS BLVD
SUITE A-100
TAMPA, FL 336123425 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DUPLANTIS, CHARLES J
Address: 102 COUNTRY CLUB DR. WEST
City-St-Zip: DESTIN, FL 32541 US

Title: MGRM (X) Delete
Name: HUGHES, JOHNATHAN E
Address: 102 COUNTRY CLUB DR. WEST
City-St-Zip: DESTIN, FL 32541 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ZYGUTIS, MARK B
Address: 130 DOLPHIN POINT ROAD
City-St-Zip: NICEVILLE, FL 32578 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: MARK B ZYGUTIS

MGR

04/27/2008

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