

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000003199

Entity Name: CCM PORTO VISTA LLC

FILED  
Jul 11, 2008  
Secretary of State

## Current Principal Place of Business:

C/O CONTRARIAN CAPITAL MANAGEMENT LLC  
411 WEST PUTNAM AVE.  
GREENWICH, CT 06830

## New Principal Place of Business:

## Current Mailing Address:

C/O CONTRARIAN CAPITAL MANAGEMENT LLC  
411 WEST PUTNAM AVE.  
GREENWICH, CT 06830

## New Mailing Address:

FEI Number: 26-0259787      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

MCINTOSH, ANDREW  
C/O DLA PIPER US LLP  
101 E. KENNEDY BLVD, STE 2000  
TAMPA, FL 33602 US

## Name and Address of New Registered Agent:

HALL, DAVID W  
C/O DLA PIPER US LLP  
100 NORTH TAMPA STREET, SUITE 22000  
TAMPA, FL 33602 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: DAVID W. HALL

07/11/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR      ( ) Delete  
Name: CONTRAIAN CAPITAL MA, NAGEMENT LLC  
Address: 411 W. PUTNAM AVE.  
City-St-Zip: GREENWICH, CT 06830

## ADDITIONS/CHANGES:

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: CONTRARIAN CAPITAL MANAGEMENT LLC

MGR

07/11/2008

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