

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L00000005262**

1. Entity Name

PORTVIEW OF CAPE CANAVERAL, L.L.C.

FILED

01 MAY -7 PM 4:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

69 NORTH ORLANDO AVENUE
COCOA BEACH FL 32931

Mailing Address

69 NORTH ORLANDO AVENUE
COCOA BEACH FL 32931

2. Principal Place of Business

PO Box 110176
Suite, Apt. #, etc.

3. Mailing Address

PO Box 110176
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Palm Bay FL

City & State

Palm Bay FL

4. FEI Number

65-1032896

Applied For

Not Applicable

Zip

Country

32911-0176

Zip

Country

32911-0176

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MOSLEY, CURTIS R
1221 EAST NEW HAVEN AVENUE
MELBOURNE FL 32901

7. Name and Address of New Registered Agent

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DOROUGH, HOWARD P.O. BOX 536098 ORLANDO FL 32853	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DOROUGH, JOHN P.O. BOX 536098 ORLANDO FL 32853	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HERRING, ANGELA M P.O. BOX 536098 ORLANDO FL 32853	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DOROUGH, HOKE D P.O. BOX 536098 ORLANDO FL 32853	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	PO Box 110176 Palm Bay, FL 32911-0176	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	PO Box 110176 Palm Bay, FL 32911-0176	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	PO Box 110176 Palm Bay, FL 32911-0176	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	PO Box 110176 Palm Bay, FL 32911-0176	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	200004341592--4 -06/05/01--01040--009 *****50.00 *****50.00	
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 exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #