

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90075 018 ****50.00



DOCUMENT # L00000005262	
1. Entity Name PORTVIEW OF CAPE CANAVERAL, L.L.C.	
Principal Place of Business P.O. BOX 110176 PALM BAY, FL 32911-0176	Mailing Address P.O. BOX 110176 PALM BAY, FL 32911-0176

DO NOT WRITE IN THIS SPACE



02112004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-1032896	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00
Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DOROUGH, HOWARD P.O. BOX 110176 PALM BAY, FL 329110176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DOROUGH, JOHN P.O. BOX 110176 PALM BAY, FL 329110176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HERRING, ANGELA M P.O. BOX 110176 PALM BAY, FL 329110176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DOROUGH, HOKE D P.O. BOX 110176 PALM BAY, FL 329110176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 *Angela Herring* 4/24/04 (921) 725-7918
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Angella Hardy