

**2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Apr 28, 2009  
Secretary of State**

DOCUMENT# L00000005262

Entity Name: PORTVIEW OF CAPE CANAVERAL, L.L.C.

**Current Principal Place of Business:**

2582 S. MAGUIRE RD.  
#104  
OCOEE, FL 34761

**New Principal Place of Business:**

**Current Mailing Address:**

2582 S. MAGUIRE RD.  
#104  
OCOEE, FL 34761

**New Mailing Address:**

FEI Number: 65-1032896      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COX, DALE L  
2582 S. MAGUIRE RD., #104  
OCOEE, FL 34761    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: DOROUGH, HOWARD  
Address: 2582 S. MAGUIRE RD., #104  
City-St-Zip: OCOEE, FL 34761

Title: MGRM ( ) Delete  
Name: DOROUGH, JOHN  
Address: 2582 S. MAGUIRE RD., #104  
City-St-Zip: OCOEE, FL 34761

**ADDITIONS/CHANGES:**

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

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: JOHN D DOROUGH      MGRM      04/28/2009

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