

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000114314

**Entity Name:** PRIME HOMES AT PORTOFINO PROFESSIONAL CENTER, LLC

**FILED**  
**Mar 18, 2016**  
**Secretary of State**  
**CC8699787208**

**Current Principal Place of Business:**

4651 SHERIDAN STREET  
SUITE # 480  
HOLLYWOOD, FL 33021

**Current Mailing Address:**

4651 SHERIDAN STREET  
SUITE # 480  
HOLLYWOOD, FL 33021 US

**FEI Number:** 42-1688069

**Certificate of Status Desired:** No

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

GREENFIELD, STEVEN B. ESQ.  
6111 BROKEN SOUND PARKWAY, NW  
SUITE 350  
BOCA RATON, FL 33487 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:** STEVEN B. GREENFIELD

03/18/2016

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name ABBO, FRED  
Address 4651 SHERIDAN STREET SUITE # 480  
City-State-Zip: HOLLYWOOD FL 33021

Title MGR  
Name ABBO, LARRY M  
Address 4651 SHERIDAN STREET SUITE # 480  
City-State-Zip: HOLLYWOOD FL 33312

Title MGR  
Name ABBO, EVA  
Address 4651 SHERIDAN STREET SUITE # 480  
City-State-Zip: HOLLYWOOD FL 33312

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** LARRY M. ABBO

**MANAGER**

03/18/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date