

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 11, 2002 8:00 am
Secretary of State

07-11-2002 90247 030 ****55.00

DOCUMENT # L00000002427

1. Entity Name
SUNPORT, L.C.

Principal Place of Business
27 PENNOCK LANE
#205
JUPITER FL 33458

Mailing Address
27 PENNOCK LANE
#205
JUPITER FL 33458



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **APPLIED FOR**
65-0982661

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAVID, JOHN MARK
17769 WOODVIEW TERRACE
BOCA RATON FL 33487

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE Delete
 NAME **MGR**
 STREET ADDRESS **DAVID, JOHN MARK**
 CITY-ST-ZIP **17769 WOODVIEW TERRACE**
BOCA RATON FL 33487

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **MEM**
 STREET ADDRESS **TRUVILLA CORP.**
 CITY-ST-ZIP **27 PENNOCK LANE**
JUPITER FL 33458

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **MEM**
 STREET ADDRESS **WILLIAMS, GARNETT**
 CITY-ST-ZIP **972 So. Old Dixie Hwy**
Jupiter, FL 33458

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: **DAVID, JOHN MARK** DATE: **7/5/02** DAYTIME PHONE #: **561/575/2599**

CR2E083 (4/02)