

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000002427

FILED
Apr 09, 2005
Secretary of State

Entity Name: SUNPORT, L.C.

Current Principal Place of Business:

27 PENNOCK LANE
#205
JUPITER, FL 33458

New Principal Place of Business:

Current Mailing Address:

27 PENNOCK LANE
#205
JUPITER, FL 33458

New Mailing Address:

FEI Number: 65-0982661 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVID, JOHN MARK
13160 BRIDGE
PALM BEACH GARDENS, FL 33418 US

Name and Address of New Registered Agent:

DAVID, JOHN MARK
13160 BRIDGEWOOD DRIVE
PALM BEACH GARDENS, FL 33418 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: _____ Date: 04/09/2005
Electronic Signature of Registered Agent

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: DAVID, JOHN MARK
Address: 13160 BRIDGEWOOD DR.
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: MGRM () Delete
Name: TRUVILLA CORP.,
Address: 27 PENNOCK LANE
City-St-Zip: JUPITER, FL 33458

Title: MGRM () Delete
Name: WILLIAMS, GARNETT
Address: 972 S OLD DIXIE HWY
City-St-Zip: JUPITER, FL 33458

ADDITIONS/CHANGES:

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

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 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 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 MARK DAVID MGR 04/09/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date