

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000002427

FILED
Jan 17, 2007
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 BRIDGEWOOD DRIVE
PALM BEACH GARDENS, FL 33418 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: 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: MGRM (X) Change () Addition
Name: DAVID, JOHN MARK
Address: 13160 BRIDGEWOOD DR.
City-St-Zip: PALM BEACH GARDENS, FL 33418

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 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 MARK DAVID

MGRM

01/17/2007

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