

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000002427

FILED  
Jan 25, 2009  
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:**

5253 CENTER STREET  
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: MGRM ( ) 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 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

01/25/2009

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