

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000011893

FILED
May 15, 2006
Secretary of State

Entity Name: SUNPORT II, 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: 65-1134981 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WILLIAMS, GARNETT
972 SO. OLD DIXIE HWY
JUPITER, FL 33458 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

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

Title: MGRM () Delete
Name: TRUVILLA CORP.,
Address: 27 PENNOCK LANE #205
City-St-Zip: JUPITER, FL 33458

Title: MGRM () Delete
Name: DAVID, JOHN M
Address: 18160 BRIDGEWOOD DR
City-St-Zip: PALM BEACH GARDENS, FL 33418

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 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: GARNETT WILLIAMS

MGRM

05/15/2006

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