


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000001119
 1. Entity Name
SUN-PORT, LLC



Principal Place of Business Mailing Address
 785 S.E. PORTAGE AVE. 785 S.E. PORTAGE AVE.
 PORT ST. LUCIE, FL 34984 PORT ST. LUCIE, FL 34984

DO NOT WRITE IN THIS SPACE



04092004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 30-0010626	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 DEAN MEAD SERVICES, LLC
 800 N. MAGNOLIA AVE.
 SUITE 1500
 ORLANDO, FL 32803

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HANSEN, SUSAN J 785 SE PORTAGE AVENUE PORT SAINT LUCIE, FL 34984
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HANSEN, FRED H 785 SE PORTAGE AVENUE PORT SAINT LUCIE, FL 34984
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 04/21/04-80041-023 50.00

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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: *F. Hansen* **F. HANSEN** **APR 10/04** **772-873-0680**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #