


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2008 08:00 A
Secretary of State

DOCUMENT # L02000001119

1. Entity Name
SUN-PORT, LLC



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

Mailing Address
**785 S.E. PORTAGE AVE.
 PORT ST. LUCIE, FL 34984**

DO NOT WRITE IN THIS SPACE



04082008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 30-0010626	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

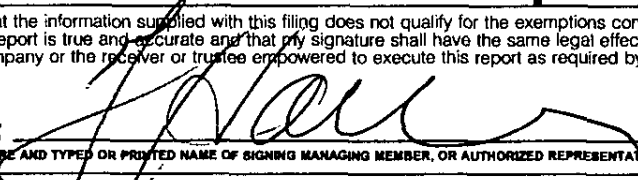
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HANSEN, SUSAN J 785 SE PORTAGE AVENUE PORT SAINT LUCIE, FL 34984
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **April 8/08** **772-812-1499**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #