2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L03000050352

1. Entity Name SUN-PORT X. LLC

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

Principal Place of Business

785 SE PORTAGE AVE PORT ST LUCIE, FL 34984 Mailing Address

785 SE PORTAGE AVE PORT ST LUCIE, FL 34984



04082008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 90-0248558

5. Certificate of Status Desired \$5

\$5.00 Additional

Applied For

6. Name and Address of Current Registered Agent

HANSEN, FRED H 785 SE PORTAGE AVE PORT ST LUCIE, FL 34984

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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_

Signature, typed or printed name of registered agent and title if applicable,

(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	MGR HANSEN, FRED H 785 S.E. PORTAGE AVE PORT SAINT LUCIE, FL 34984	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-SI-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Epril 8/08

772-812-1499

Daysime Phone #