

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000059716

FILED  
Apr 29, 2007  
Secretary of State

Entity Name: HOMEPORT OF FLORIDA, LLC

**Current Principal Place of Business:**

P.O. BOX 1656  
COCOA, FL 32923

**New Principal Place of Business:**

215 S RIVERSIDE DR  
SUITE 12  
COCOA, FL 32923

**Current Mailing Address:**

P.O. BOX 1656  
COCOA, FL 32923

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WEST, PERRY D  
215 S. RIVERSIDE DRIVE  
SUITE 12  
COCOA, FL 32922 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: WEST, PERRY D  
Address: P.O. BOX 1656  
City-St-Zip: COCOA, FL 32923

Title: MGRM ( ) Delete  
Name: HOMEPORT INTERNATIONAL, AL LLC  
Address: 3883 MOUNTAIN SIDE TRAIL  
City-St-Zip: EVERGREEN, CO 80439

**ADDITIONS/CHANGES:**

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: PERRY WEST

MGR

04/29/2007

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