

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 29, 2008 8:00 am**  
**Secretary of State**

05-29-2008 90013 047 \*\*\*138.75

**DOCUMENT # L04000083221**

1. Entity Name  
**SUNPORT HOLDINGS II, LLC**



Principal Place of Business  
**1515 NORTH FEDERAL HIGHWAY, SUITE 306  
BOCA RATON, FL 33432**

Mailing Address  
**1515 NORTH FEDERAL HIGHWAY, SUITE 306  
BOCA RATON, FL 33432**

**50006204**



02012008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**33-1109669**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**MITCHELL B. KIRSCHNER, P. A.  
1515 N. FEDERAL HWY, SUITE 314  
BOCA RATON, FLORIDA 33432**

**DO NOT WRITE  
IN THIS SPACE**

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

**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 GENMARK PROPERTIES, INC. 1515 NORTH FEDERAL HIGHWAY, SUITE 306 BOCA RATON, FL 33432
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**DO NOT WRITE  
IN THIS SPACE**

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

Mark A. Gensheimer  
Manager

Date

Daytime Phone #