


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 16, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000007678 1. Entity Name TRIPORT INVESTMENTS LLC	
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Principal Place of Business 1275 S.W. 20TH STREET BOCA RATON, FL 33486	Mailing Address 1275 S.W. 20TH STREET BOCA RATON, FL 33486
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DO NOT WRITE IN THIS SPACE



01052007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 87-0740524	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

**LUIS VALA, JOSE
1275 S.W. 20TH STREET
BOCA RATON, FL 33486**

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

**Filing Fee is \$50.00
Due by May 1, 2007**

01/17/07-80038-017 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LUIS VALA, JOSE 1275 S.W. 20TH STREET BOCA RATON, FL 33486
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LUIS VALA, ADRIANO 1275 S.W. 20TH STREET BOCA RATON, FL 33486
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FREIRE, JORGE M 14104 N. CYPRESS COVE CIRCLE DAVIE, FL 33325
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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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: Jose L. Vala **1-9-07 (31) 239-0676**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #