

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 17, 2008 08:00 A
Secretary of State

DOCUMENT # L05000007678

1. Entity Name
TRIPORT INVESTMENTS LLC



Principal Place of Business
1275 S.W. 20TH STREET
BOCA RATON, FL 33486

Mailing Address
1275 S.W. 20TH STREET
BOCA RATON, FL 33486



03122008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
87-0740524

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$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

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Jose L. Vala (JOSE L. VALA)

3-12-08

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	LUIS VALA, JOSE
STREET ADDRESS	1275 S.W. 20TH STREET
CITY - ST - ZIP	BOCA RATON, FL 33486
TITLE	MGR
NAME	LUIS VALA, ADRIANO
STREET ADDRESS	1275 S.W. 20TH STREET
CITY - ST - ZIP	BOCA RATON, FL 33486
TITLE	MGR
NAME	FREIRE, JORGE M
STREET ADDRESS	14104 N. CYPRESS COVE CIRCLE
CITY - ST - ZIP	DAVIE, FL 33325
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000861529
04/03/08-80012-020 138.75

**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

Date

Daytime Phone #

Jose L. Vala (JOSE L. VALA)

3-12-08 (561)239-0676