2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## DOCUMENT # L05000062096

1. Entity Name

GULFPORT PARTNERS HOLDINGS, LLC

			1							
Principal Plac	ce of Business	Mailing Address								
475 CENTRAL AVENUE SUITE 205, THE KRESS BUILDING ST. PETERSBURG FL 33701  475 CENTRAL AVENUE SUITE 205, THE KRESS ST. PETERSBURG FL 33701  ST. PETERSBURG FL 33			BUILDING							
2. Principal Place of Business - No P.O. Box #  950 Lake Ave S.E. 950 Lake Ave Suite, Apt. #, etc.  Suite, Apt. #, etc.				. E .			TELM SUIT BUILD SIN		FF ■ ■ 1 F66 J ■ ■ )	
#B #B						1st MOORE	CR2E083	(10/06)		
City & State  City & State  Largo FL					4. FEI Nur		35643		pplied For ot Applicable	
337 <sup>-</sup>	71 Pinellas	Zip J , 33771	-Sountry Pinel	las		ate of Status Desire		\$5.00 Add Fee Require		
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name					
SUN VISTA DEVELOPMENT GROUP LLC				Name						
475 CENTRAL AVENUE THE KRESS BUILDING, SUITE 205				Street Address (P.O. Box Number is Not Acceptable)						
ST.										
				FL Zip Code						
8. The above	named entity submits this statement for t	he purpose of changing its re	egistered offi	ce or register	ed agent or	hoth, in the State of		familiar with	and accont	
the obligat	ions of registered agent.	no parpose or enanging no n	egistered on	oc or register	ea agent, o	Dout, in the State of	i i ionda. Tam	anınar willi,	and accept	
SIGNATURE .	Signature, typed or printed name of registered agent and									
	Registered Agent	signaline required	when reinstating)		DATE					
FILE NOW!!! Make Check Payable to F Due By M				Departmen	it of State					
9.	MANAGING MEMBER	S/MANAGERS	10.			ADDITIO	NS/CHANGES			
TITLE	MGR	☐ Delete	IIILE					change	☐ Addition	
NAME	LODER, JOHN		NAME			06 5 44				
STREET ADDRESS CITY ST-ZIP	475 CENTRAL AVENUE, SUITE 205 ST. PETERSBURG FL 33701	i	STREET ADDE	1		Ave, S.E. #	D			
11016.	ST. FETENSBUNG FL 33/UT	Delele	IIILE	Lara	jo, FL	33771		☐ Change	Addition	
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NAME STREET ADDRESS			NAME	(00						
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DITTE	<u> </u>	□ Delete	TITLE			<del></del> _		Change	☐ Addition	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 offect 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.

STREET ADDRESS

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SIGNATURE: \_

NAME. STREET ADDRESS

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CITY ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE

☐ Delete

☐ Delete

5-1-07

(727) 581-7200

☐ Change

Change

☐ Addition

☐ Addition

**FILED** 

Jul 06, 2007 8:00 am Secretary of State

07-06-2007 90088 001 \*\*\*500.00

Daytime Phone #