## 2007 LIMITED LIABILITY COMPANY ... ANNUAL REPORT

**DOCUMENT # L05000105250** 

1. Entity Name RUGPORT, LLC



FILED Feb 26, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

200 NORTH BEACH STREET DAYTONA BEACH, FL 32114

200 NORTH BEACH STREET DAYTONA BEACH, FL 32114

|--|--|

02202007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number Applied For Not Applicable

5. Certificate of Status Desired S5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

SHAHINIAN, RICHARD D 200 NORTH BEACH STREET NORTH DAYTONA BEACH, FL 32118

## 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	
FI D:	ling Fee is \$50.00 ue by May 1, 2007		U00000648421 07/07-80008-019-50_00	
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHAHINIAN, RICHARD D 518 KUMQUAT DRIVE ANNA MARIA, FL 34218			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PEDIAN, HAIG 1505 LOWE ROAD ALGONQUIN, IL 60102			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO N	OT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN TH	IS SPACE	
16T) F				

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: Lad

STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2-24-07

386-63 3 8

Daytime Pho