2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 21, 2008 8:00 am Secretary of State

Daytime Phone #

DOCUMENT # L05000105250 1. Entity Name RUGPORT, LLC					ı	04-21-2008		40 ***13	8.75
Principal Place	e of Business	Mailing Address			u	404049)		
200 NORTH	BEACH STREET EACH, FL 32114	200 NORTH BEACH STE DAYTONA BEACH, FL 3							
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01302008	Chg-LLC	CR2E08	33 (12/06)		
City & State		City & State			4. FEI Number Applied For 20-3843361 Not Applicable				
Zip Country		Zip Country			5. Certificate of Status Desired \$5.00 Additional Fee Required				
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New R	egistered A	gent	
SHAHINIA	N RICHARD D		Na Na	ame					
SHAHINIAN, RICHARD D			Sta	treet Address (P.O. Box Numbe	r is Not Acceptable	9)	1	
.44.15									
			Ci	ity	FL Zip Code			e	
	named entity submits this statement fi ions of registered agent.	or the purpose of changing its	registered of	ffice or register	red agent, or bot	h, in the State of Flo	orida. I am f	amiliar with,	and accept
SIGNATURE.									
SIGNATURE.	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE	E: Registered Ager	nt signature required	d when reinstating)		DATE		
FILE	Signature, typed or printed name of registered agents E NOWIII FEE IS \$138.75 y 1, 2008 Fee will be \$538.7		E. Registered Ager	nt signature required	d when reinstating)		e check pa	ayable to ant of State	e
FILE After May	NOW!!! FEE IS \$138.75	5	E: Registered Ager	nt signature required	d when reinstating)		e check pa 1 Departme		е
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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.

CITY - \$1 - ZIP

SIGNATURE:

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

Daile

CITY-ST-ZIP