

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000062512

Entity Name: CHOCOLATE SUN, LLC

FILED
Mar 23, 2006
Secretary of State

Current Principal Place of Business:

1110 PINELLAS BAYWAY
SUITE 104
ST. PETERSBURG, FL 33715

New Principal Place of Business:

Current Mailing Address:

1110 PINELLAS BAYWAY
SUITE 104
ST. PETERSBURG, FL 33715

New Mailing Address:

FEI Number: 20-0227345 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHUNK, PATRICK J
1110 PINELLAS BAYWAY
SUITE 104
ST. PETERSBURG, FL 33715 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WEISS, HILLARY
Address: 4143 VIA MARINA NO. 619
City-St-Zip: MARINA DEL REY, CA 90292

Title: MGRM () Delete
Name: HATTON, SUEELLEN
Address: 12501 APPLETON WAY
City-St-Zip: MAR VISTA, CA 90066

Title: MGRM () Delete
Name: SCHUNK, PATRICK
Address: 370 1ST STREET WEST
City-St-Zip: TIERRA VERDE, FL 33715

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: HATTON, SUEELLEN
Address: 12501 APPLETON WAY
City-St-Zip: LOS ANGELES, CA 90066

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: PATRICK SCHUNK

MGR

03/23/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date