

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000042047

FILED
May 15, 2006
Secretary of State

Entity Name: SUN-POINTE HOLDINGS, LLC

Current Principal Place of Business:

5309 SOUTHWEST 11TH TERRACE
FORT LAUDERDALE, FL 33328 US

New Principal Place of Business:

5309 SOUTHWEST 111TH TERRACE
FORT LAUDERDALE, FL 33328 US

Current Mailing Address:

5309 SOUTHWEST 11TH TERRACE
FORT LAUDERDALE, FL 33328 US

New Mailing Address:

5309 SOUTHWEST 111TH TERRACE
FORT LAUDERDALE, FL 33328 US

FEI Number: 20-2752506 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

LEVINE, SCOTT S ESQ.
1152 NORTH UNIVERSITY DRIVE
305
PEMBROKE PINES, FL 33024 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: ZACHARIAS, BOBBY
Address: 5309 SOUTHWEST 11TH TERRACE
City-St-Zip: FORT LAUDERDALE, FL 33328 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ZACHARIAS, BOBBY
Address: 5309 SOUTHWEST 111TH TERRACE
City-St-Zip: FORT LAUDERDALE, FL 33328 US

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: BOBBY ZACHARIAS

MGRM

05/15/2006

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