2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

SECRETARY OF STALE OLVISION OF CORPORATIONS DOCUMENT # A07000000908 1. Entity Name SUN OPPORTUNITY FUND LLLP 08 JUN -2 AM 8: 33 Principal Place of Business Mailing Address 5220 HOOD ROAD 5220 HOOD ROAD SUITE 100 SUITE 100 PALM BEACH GARDENS, FL 33418 PALM BEACH GARDENS, FL 33418 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02212008 CR2E003 (12/06) Chg-LP 4. FEI Number City & State City & State Applied For Not Applicable Country \$8.75 Additional Zip Country Zio 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GAETA, NEIL J Street Address (P.O. Box Number is Not Acceptable) 5220 HOOD ROAD SUITE 100 PALM BEACH GARDENS, FL 33418 Zip Code FL 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. 000130451410 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00 A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. L07000077262 DOCUMENT # STREET ADDRESS NAME SUN OPPORTUNITY LLC STREET ADDRESS 5220 HOOD ROAD, SUITE 100 CITY-ST-7IP PALM BEACH GARDENS, FL 33418 CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-7IP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

Neil J. Gaeta, Mng Mbr,

RE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

SIGNATURE:

/9/08