

# **2012 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# B02000000348

**FILED**  
**Apr 25, 2012**  
**Secretary of State**

**Entity Name:** SUN CAPITAL PARTNERS II, LP

**Current Principal Place of Business:**

5200 TOWN CENTER CIRCLE  
SUITE 600  
BOCA RATON, FL 33486

**New Principal Place of Business:**

5200 TOWN CENTER CIRCLE  
SUITE 600  
BOCA RATON, FL 33486 US

**Current Mailing Address:**

5200 TOWN CENTER CIRCLE  
SUITE 600  
BOCA RATON, FL 33486

**New Mailing Address:**

5200 TOWN CENTER CIRCLE  
SUITE 600  
BOCA RATON, FL 33486 US

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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

**GENERAL PARTNER INFORMATION:**

Document #: B02000000347  
Name: SUN CAPITAL ADVISORS II, L.P.  
Address: 5200 TOWN CENTER CIRCLE, SUITE 600  
City-St-Zip: BOCA RATON, FL 33486

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip: BOCA RATON, FL 33486 US

I hereby 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: LAURA LOUIS

POA

04/25/2012

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date