


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 13, 2006 8:00 am**  
**Secretary of State**

03-13-2006 90351 001 \*\*\*\*50.00

<b>DOCUMENT # L01000007183</b> 1. Entity Name <b>SUN ATLANTIC PROPERTIES, LLC</b>					
Principal Place of Business <b>110 EAST ATLANTIC AVENUE DELRAY BEACH, FL 33444 US</b>			Mailing Address <b>23270 FEATHER PALM COURT BOCA RATON, FL 33433 US</b>		
2. Principal Place of Business <b>23270 FEATHER PALM COURT</b>		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>BOCA RATON, FL</b>		City & State			
Zip <b>33433</b>	Country <b>USA</b>	Zip	Country		
6. Name and Address of Current Registered Agent  <b>PATRICIA LEBOW, P.A. ONE NORTH CLEMATIS STREET SUITE 500 WEST PALM BEACH, FL 33401</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM DEPIERRO, JOHN 110 EAST ATLANTIC AVENUE DELRAY BEACH, FL 33444</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>23270 FEATHER PALM COURT BOCA RATON, FL 33433</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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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.

**SIGNATURE:**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**3/03/06 561-927-7680**