

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000022692

FILED  
Aug 03, 2006  
Secretary of State

Entity Name: SUN ASSET MANAGEMENT L.L.C.

**Current Principal Place of Business:**

2718 W. OAKLAND PARK BLVD  
FT. LAUDERDALE, FL 33311

**New Principal Place of Business:**

2718 W. OAKLAND PARK BLVD  
FT. LAUDERDALE, FL 33311 US

**Current Mailing Address:**

PO BOX 5544  
FT. LAUDERDALE, FL 33310

**New Mailing Address:**

PO BOX 5544  
FT. LAUDERDALE, FL 33310 US

FEI Number: 65-1159942      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:**

METAZA, LINDA J  
3360 NE 19 AVENUE  
OAKLAND PARK, FL 33306 US

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

METAZA, LINDA  
3360 NE 19 AVENUE  
OAKLAND PARK, FL 33306 US

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: LINDA METAXA

08/03/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: WRIGHT, NELSON M  
Address: 5297 NW 89TH DR.  
City-St-Zip: CORAL SPRINGS, FL 33067

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: METAZA, LINDA  
Address: 3360 NE 19 AVENUE  
City-St-Zip: OAKLAND PARK, FL 33306 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: LINDA METAXA

MGRM

08/03/2006

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