

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000001948

FILED
Jul 06, 2005
Secretary of State

Entity Name: SUNESCAPES, LLC

Current Principal Place of Business:

1635 EVERSEDGE DRIVE
ALPHARETTA, GA 30004

New Principal Place of Business:

Current Mailing Address:

1635 EVERSEDGE DRIVE
ALPHARETTA, GA 30004

New Mailing Address:

FEI Number: 02-0596361 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:

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 323012960 US

Name and Address of New Registered Agent:

A1A REGISTERED AGENT INC.
92 SADBERRY ROAD
QUINCY, FL 32351 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: PAUL SMITH V.P.

07/06/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BRANN, MARY
Address: 1635 EVERSEDGE DRIVE
City-St-Zip: ALPHARETTA, GA 30004

Title: MGRM () Delete
Name: BRANN, SCOTT
Address: 1635 EVERSEDGE DRIVE
City-St-Zip: ALPHARETTA, GA 30004

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BRANN, MARY A T
Address: 1635 EVERSEDGE DRIVE
City-St-Zip: ALPHARETTA, GA 30004

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MARY A. T. BRANN

MGRM

07/06/2005

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