

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000002125

Entity Name: SUN COUNTRY L.L.C.

FILED
Jul 15, 2007
Secretary of State

Current Principal Place of Business:

202 LOOKOUT PLACE
SUITE 101
MAITLAND, FL 32750

New Principal Place of Business:

14730 EDEN STREET
FT. MYERS, FL 33901

Current Mailing Address:

TIMOTHY J. BATTLES
5104 SAPPHERE DR
MARIETTA, GA 30068

New Mailing Address:

FEI Number: 04-3610176 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:

KATAUSKAS, PETER
202 LOOKOUT PLACE
SUITE 101
MAITLAND, FL 32750 US

Name and Address of New Registered Agent:

TIMOTHY, BATTLES
14730 EDEN STREET
FT. MYERS, FL 33908 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: TIMOTHY BATTLES

07/15/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BATTLES, TIMOTHY J
Address: 5104 SAPPHERE DR
City-St-Zip: MARIETTA, GA 30068

Title: MGR () Delete
Name: CAROL, BATTLES J
Address: 5104 SAPPHERE DR
City-St-Zip: MARIETTA, GA 30068

ADDITIONS/CHANGES:

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

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

I hereby certify that the information supplied with this filing does not qualify 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: TIMOTHY BATTLES

MGR

07/15/2007

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