

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000012855

Entity Name: SUN THERAPY, LLC

FILED
Apr 29, 2005
Secretary of State

Current Principal Place of Business:

6358 MANOR LANE
SOUTH MIMAI, FL 33143

New Principal Place of Business:

Current Mailing Address:

6358 MANOR LANE
SOUTH MIMAI, FL 33143

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIEGEL, JAMES
6358 MANOR LN
S MIAMI, FL 33143 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

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: SIEGEL, JAMES
Address: 6358 MANOR LN
City-St-Zip: S MIAMI, FL 33143

Title: MGRM () Delete
Name: KANE, STEVEN
Address: 557 N WYMORE RD #100
City-St-Zip: MAITLAND, FL 32751

Title: MGRM () Delete
Name: SIRIEL, JOHN
Address: 4419 WOODFIELD BLVD
City-St-Zip: BOCA RATON, FL 33434

Title: MGRM () Delete
Name: GOLD, MARION
Address: 2592 RACQUET CLUB DR
City-St-Zip: PALM CITY, FL 34990

ADDITIONS/CHANGES:

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

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

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 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: JAMES R. SIEGEL

MGRM

04/29/2005

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