

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Jan 18, 2007 08:00 AM  
Secretary of State**

**DOCUMENT # L02000014435**

1. Entity Name  
**CODESUN LLC**



Principal Place of Business  
**10508 FOREST RUN DRIVE  
BRADENTON, FL 34211**

Mailing Address  
**10508 FOREST RUN DRIVE  
BRADENTON, FL 34211**



01152007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

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| 4. FEI Number<br><b>01-0692709</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional Fee Required                  |

**6. Name and Address of Current Registered Agent**

**COLAVECCHIO, KATHY  
1049 FLORA PARK DRIVE  
JULINGTON CREEK, FL 32259**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent's signature required when renouncing) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | <b>MGRM<br/>JOHNSON, PATT<br/>10508 FOREST PARK DRIVE<br/>BRADENTON, FL 34211</b> |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | <b>MGRM<br/>JOHNSON, JOE<br/>10508 FOREST RUN DRIVE<br/>BRADENTON, FL 34211</b> |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP |  |
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01/19/07-80024-012 50.00

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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 TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Day and Period