

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000016959

**FILED**  
**Apr 30, 2009**  
**Secretary of State**

**Entity Name:** SUN REALTY PARTNERS, LLC

**Current Principal Place of Business:**

1321 SW 42ND STREET  
OCALA, FL 34474 US

**New Principal Place of Business:**

**Current Mailing Address:**

1321 SW 42ND STREET  
OCALA, FL 34474 US

**New Mailing Address:**

FEI Number: 01-0754998

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HAINES, TIM D  
125 NE 1ST AVE  
SUITE 1  
OCALA, FL 34470 US

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

DEVIAIAH, PAGIDIPATI  
1321 SW 42ND STREET  
OCALA, FL 34474 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: DEVAIAH PAGIDIPATI

04/30/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: PAGIDIPATI, DEVAIAH  
Address: 1321 SW 42ND STREET  
City-St-Zip: Ocala, FL 34474 US

Title: MGRM ( ) Delete  
Name: PAGIDIPATI, RUDRAMA D MGRM  
Address: 1321 SW 42ND STREET  
City-St-Zip: Ocala, FL 34474

**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: DEVAIAH PAGIDIPATI

D

04/30/2009

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