

2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L02000027518

Entity Name: SUNTRUST AMERICA, LLC

FILED
Sep 27, 2006
Secretary of State

Current Principal Place of Business:

19111 US HIGHWAY ONE SUITE 201-4
NORTHPALM BEACH, FL 33408 US

New Principal Place of Business:

Current Mailing Address:

19111 US HIGHWAY ONE SUITE 201-4
NORTHPALM BEACH, FL 33408 US

New Mailing Address:

FEI Number: 11-3662359

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GONZALEZ, IRIS J
19111 US HIGHWAY ONE SUITE 201-4
NORTHPALM BEACH, FL 33408 US

Name and Address of New Registered Agent:

SAWYER, TERESA M PRES
19111 US HIGHWAY ONE SUITE 201-4
NORTHPALM BEACH, FL 33408 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: TERESA MARIE SAWYER

09/27/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GONZALEZ, JEANNETTE I PRES
Address: 1 SOUTH OCEAN BLVD. #212
City-St-Zip: BOCA RATON, FL 33432 US

Title: MGR () Delete
Name: MEDINA, DAMARIS L VP
Address: 1 SOUTH OCEAN BLVD. #212
City-St-Zip: BOCA RATON, FL 33432

Title: MGR (X) Delete
Name: GONZALEZ, DIONISIO A CEO
Address: 1 SOUTH OCEAN BLVD. #212
City-St-Zip: BOCA RATON, FL 33432 FL

Title: MGR (X) Delete
Name: VARGAS, LINNETTE S MGR
Address: 1 SOUTH OCEAN BLVD. #212
City-St-Zip: BOCA RATON, FL 33432 US

Title: MGR (X) Delete
Name: ESTREMER, OSVALDO M MGR
Address: 12687 NW 56 DRIVE
City-St-Zip: CORAL SPRINGS, FL 33076

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GONZALEZ, JEANNETTE I
Address: 11911 US HIGHWAY ONE SUITE 201
City-St-Zip: NORTH PALM BEACH, FL 33408 US

Title: MGRM (X) Change () Addition
Name: SAWYER, TERESA M PRES
Address: 11911 US HIGHWAY ONE SUITE 201
City-St-Zip: NORTH PALM BEACH, FL 33408 US

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 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: TERESA MARIE SAWYER

PRES

09/27/2006

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