
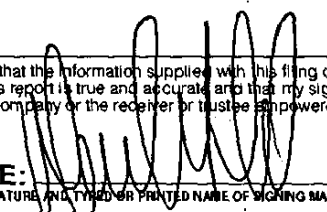


FILED  
Jul 14, 2003 8:00 am  
Secretary of State

05-01-2003 90269 009 \*\*\*\*50.00

2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)

<b>DOCUMENT # L02000032983</b>			
1. Entity Name <b>SUN CHARTER, LLC</b>			
Principal Place of Business <b>412 EAST MADISON SUITE 1000 TAMPA, FL 33602 US</b>		Mailing Address <b>412 EAST MADISON SUITE 1000 TAMPA, FL 33602 US</b>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 48668</b> Suite, Apt. #, etc.	
City & State <b>ST. PETERSBURG, FL</b>		4. FEI Number <b>81-0584752</b> Applied For <input type="checkbox"/> Not Applicable	
Zip <b>33743-8668</b>	Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>DOLAN, MARK R 412 EAST MADISON SUITE 1000 TAMPA, FL 33602</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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.		DATE (NOTE: Registered Agent's signature required when reinstating)	
		<b>FILE NOW!!! FEE IS \$50.00</b> Make Check Payable to Florida Department of State Due By May 1, 2005 <b>\$50.00 Paid</b> <b>Ch # 5040</b>	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify 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 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: 		DATE: <b>7/7/03</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		DATE	

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☒ CHECK HERE IF MAKING CHANGES

CR2E083 (10/02)