


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 16, 2005 8:00 am
Secretary of State

05-16-2005 90042 019 ****50.00

DOCUMENT # L03000002442	
1. Entity Name SUN LEASING GROUP, L.L.C.	

Principal Place of Business 8195 ULMERTON RD. LARGO, FL 33771	Mailing Address 8195 ULMERTON RD. LARGO, FL 33771
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2. Principal Place of Business 8320 73rd COURT PINELLAS PARK, FL	3. Mailing Address 8320 73rd COURT PINELLAS PARK, FL
Suite, Apt. #, etc. PINELLAS PARK, FL	Suite, Apt. #, etc. PINELLAS PARK, FL
City & State PINELLAS PARK, FL	City & State PINELLAS PARK, FL

Zip 33781	Country USA
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05052005 Chg-LLC CR2E083 (10/03)

4. FEI Number 01-0763539	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent	
AYOUB, JACK 8320 73RD COURT PINELLAS PARK, FL 33781	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	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] DATE: 4/27/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

Filing Fee is \$50.00 Due by September 7, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AYOUB, JACK 8320 73RD. COURT PINELLAS PARK, FL 33781 <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: [Signature] DATE: 4/27/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE