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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000008371

1. Entity Name
COLORS BY SUNXER, LLC

Principal Place of Business	Mailing Address
TOWN CTR BOCA RATON 6000 GLADES RD BOCA RATON, FL 33431	TOWN CTR BOCA RATON 6000 GLADES RD BOCA RATON, FL 33431

DO NOT WRITE IN THIS SPACE

07122007No Chg-LLC CR2E083 (11/05)

4. FEI Number ~~46-0505163~~ 20-3325145 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GILMAN, HEATHER
~~728 SUNNY PINE WAY, APT. B3~~ OK
WEST PALM BEACH, FL 33415
728 SUNNY PINE WAY # B3

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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 Heather Gilman DATE 7-12-07
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by September 14, 2007

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	LIBERMAN, PAUL
STREET ADDRESS	6000 GLADES ROAD
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 605, Florida Statutes.

SIGNATURE: Paul Liberman Paul Liberman 7-12-07 561-392-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #