

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000031305

**FILED**  
**Apr 25, 2005**  
**Secretary of State**

**Entity Name:** SUNZ GROUP, L.L.C.

**Current Principal Place of Business:**

21226 STONEWOOD DRIVE  
BOCA RATON, FL 334281014

**New Principal Place of Business:**

100 2ND AVE NORTH  
SUITE 300  
ST PETERSBURG, FL 33701

**Current Mailing Address:**

21226 STONEWOOD DRIVE  
BOCA RATON, FL 334281014

**New Mailing Address:**

100 2ND AVE  
SUITE 300  
ST PETERSBURG, FL 33701

**FEI Number:** 20-1742872

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MALONO, STEVEN M  
215 SOUTH MONROE STREET, 2ND FLOOR  
TALLAHASSEE, FL 32301 US

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

ELMER, SHELLI A  
100 2ND AVE NORTH  
SUITE 300  
ST PETERSBURG, FL 33701 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: SHELLI A ELMER

04/25/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: ELMER, SHELLI A  
Address: 21226 STONEWOOD DRIVE  
City-St-Zip: BOCA RATON, FL 334281014

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: ELMER, SHELLI A  
Address: 100 2ND AVE NORTH  
City-St-Zip: ST PETERSBURG, FL 33701

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SHELLI A ELMER

MGRM

04/25/2005

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