

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000034483

Entity Name: SUNLEDGE LLC

FILED
Jan 04, 2007
Secretary of State

Current Principal Place of Business:

12871 MEAD LANDING COURT
JACKSONVILLE, FL 32223 US

New Principal Place of Business:

Current Mailing Address:

12871 MEAD LANDING COURT
JACKSONVILLE, FL 32223 US

New Mailing Address:

FEI Number: 06-1708125

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
1111 LINCOLN RD
SUITE 400
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GROB, BRUCE R
Address: 12871 MEAD LANDING COURT
City-St-Zip: JACKSONVILLE, FL 32223 US

Title: MGRM () Delete
Name: WHITNER, BANTA H
Address: 12871 MEAD LANDING COURT
City-St-Zip: JACKSONVILLE, FL 32223 US

Title: MGRM () Delete
Name: ITKIN, STEPHEN A
Address: 12871 MEAD LANDING COURT
City-St-Zip: JACKSONVILLE, FL 32223 US

ADDITIONS/CHANGES:

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: BANTA WHITNER

MGRM

01/04/2007

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