


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90032 038 ****50.00

DOCUMENT # L03000037543	
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1. Entity Name
SUN HARBOUR, LLC

Principal Place of Business 2605 THOMAS DRIVE SUITE 100 PANAMA CITY BEACH, FL 32408 US	Mailing Address 2605 THOMAS DRIVE SUITE 100 PANAMA CITY BEACH, FL 32408 US
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2. Principal Place of Business 5505 Sun Harbor Rd	3. Mailing Address 5505 Sun Harbor Rd
Suite, Apt. #, etc. Suite 1	Suite, Apt. #, etc. Suite 1
City & State Panama City, FL	City & State Panama City, FL
Zip 32401	Zip 32401
Country USA	Country USA

20050263

04282005 Chg-LLC CR2E083 (10/03)



4. FEI Number 20-0488012	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**BENNETT, DERRICK
112 E. THIRD CT.
PANAMA CITY, FL 32401**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GRUBBS, BILL 2605 THOMAS DRIVE, SUITE 100 PANAMA CITY BEACH, FL 32408 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LITTLE, PAUL 2605 THOMAS DRIVE, SUITE 100 PANAMA CITY BEACH, FL 32408 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Bill Grubbs 5505 Sun Harbor Rd. Suite 1 Panama City, FL 32401 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO/CFO Mark E. Lolley 5505 Sun Harbor Rd. Suite 1 Panama City, FL 32401 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Mark E. Lolley **Mark E. Lolley** **4-28-05** **850-596-7895**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #