2006 LIMITED LIABILITY COMPANY

Apr 10, 2006 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT #L03000037963** 04-10-2006 90040 021 ****50.00 1. Entity Name SUN COMMONWEALTH INVESTMENTS, LLC Mailing Address Principal Place of Business 2514 W. VIRGINIA AVENUE 2514 W. VIRGINIA AVENUE 20026906 TAMPA, FL 33607 TAMPA, FL 33607 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 04042006 Chg-LLC CR2E083 (11/05) Applied For City & State 4. FEI Number City & State **NOT APPLICABLE** Not Applicable \$5.00 Additional Country Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SUN, YONG Street Address (P.O. Box Number is Not Acceptable) 2514 W. VIRGINIA AVENUE TAMPA, FL 33607 Zip Code City 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. SUNII SIGNATURE Make check payable to Filing Fee is \$50.00 Due by May 1, 2006 Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. ☐ Change ■ Addition MGRM TITLE □ Delete TITLE NAME SUN, YONG NAME STREET ADDRESS 6016 MARINER'S WATCH DRIVE STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33615 City-St-7IP ☐ Change Addition MGRM ☐ Delete TITLE TITLE NAME LEE, YAN H NAME 8872 FINLARIG DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **DUBLIN, OH 43017** CCTY-ST-78P Сhапре ☐ Addition MGRM ☐ Delete TITLE TITLE NAME NAME YIN, YUNFENG STREET ADDRESS 10317 NW 53RD COURT STREET ADORESS CITY-ST-7IP CORAL SPRINGS, FL 33076 CITY-ST-ZIP ☐ Change ☐ Addition TIT) E MGRM Delete TITLE WAN, NIANSONG NAME NAME STREET ADDRESS 3016 PEPPERWOOD LN. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CLEARWATER, FL 33761 TITLE ☐ Channe ■ Addition ☐ Delete MGRM BARKELY, GUOPING SHAD NAME NAME STREET ADDRESS 4573 BOONE ST. STREET ADDRESS CITY-ST-ZIP PHILADELPHIA, PA 19128 CITY-ST-ZIP

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 608, Florida Statutes.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZiP

Delete

SIGNATURE NTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

MGRM

HE, HONGJIAN

1206 SAN DOMINGO CT.

CLEARWATER, FL 33759

TITLE

NAME

STREET ADDRESS

CITY-ST-7IP

☐ Addition

☐ Change

FILED