

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**May 04, 2007 8:00 am**  
**Secretary of State**

05-04-2007 90309 043 \*\*\*\*50.00

<b>DOCUMENT # L03000042558</b>					
<b>1. Entity Name</b> SUN CAPITAL FUNDING II, LLC					
<b>Principal Place of Business</b> 929 CLINT MOORE ROAD BOCA RATON FL 33487			<b>Mailing Address</b> 929 CLINT MOORE ROAD BOCA RATON FL 33487		
<b>2. Principal Place of Business - No P.O. Box #</b> 999 Yamato Road		<b>3. Mailing Address</b> 999 Yamato Road			
Suite, Apt. #, etc. Third Floor		Suite, Apt. #, etc. Third Floor			
<b>City &amp; State</b> Boca Raton, FL		<b>City &amp; State</b> Boca Raton, FL		<b>4. FEI Number</b> 20-4751717	
<b>Zip</b> 33431		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  VAZQUEZ, WILLIAM M C/O SUN CAPITAL FUNDING II, LLC 929 CLINT MOORE ROAD BOCA RATON FL 33487			<b>7. Name and Address of New Registered Agent</b> Name William M. Vazquez Street Address (P.O. Box Number is Not Acceptable)  999 Yamato Road, Third Floor City Boca Raton <b>FL</b> Zip Code 33431		
<b>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.</b>  SIGNATURE <u>William M. Vazquez</u> <i>[Signature]</i> DATE <u>4-19-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (Both Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2007</b>					
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>MGR</b> VAZQUEZ, WILLIAM 929 CLINT MOORE ROAD BOCA RATON FL 33487	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	Vazquez, William 999 Yamato Road, Third Floor Boca Raton, FL 33431	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.</b>					
<b>SIGNATURE:</b> <u>William M. Vazquez</u> <i>[Signature]</i>			Date <u>4-19-07</u> Daytime Phone # <u>561-869-3100</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					