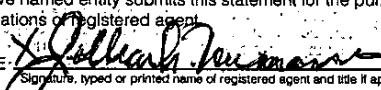


FILED
Jan 31, 2005 8:00 am
Secretary of State

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DOCUMENT # L03000049975		Secretary of State 01-31-2005 90199 037 ****50.00	
1. Entity Name SUNDAIL T406, LLC			
Principal Place of Business 695 TARPON BAY ROAD, SUITE 5 SANIBEL, FL 33957		Mailing Address 695 TARPON BAY ROAD, SUITE 5 SANIBEL, FL 33957	
2. Principal Place of Business 1649 Imperial Circle Suite, Apt. #, etc.		3. Mailing Address 1649 Imperial Circle Suite, Apt. #, etc.	
City & State Naperville, IL		City & State Naperville, IL	
Zip 60563 Country U.S.A.		Zip 60563 Country U.S.A.	
6. Name and Address of Current Registered Agent OWENS, DAVID A 695 TARPON BAY ROAD, SUITE 5 SANIBEL, FL 33957		7. Name and Address of New Registered Agent Name Jillian Neumann Street Address (P.O. Box Number is Not Acceptable) 1401 Middle Gulf Dr #T406 City Sanibel FL Zip Code 33957	
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		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP MGRM 1031 REVERSE EXCHANGE CO, LLC 695 TARPON BAY ROAD, SUITE 5 SANIBEL, FL 33957 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP MGRM Jillian Neumann 1649 Imperial Circle Naperville, IL 60563 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #			