2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 31, 2005 8:00 am
Secretary of State
01-31-2005 90199 037 ****50.00

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01252005 Chg-LLC CR2E083 (10/03)

DOCUMENT # L03000049975

1. Entity Name
SUNDAIL T406, LLC

Principal Place of Business	Mailing Address
695 TARPON BAY ROAD, SUITE 5 SANIBEL, FL 33957	695 TARPON BAY ROAD, SUITE 5 SANIBEL, FL 33957

2. Principal Place of Business	3. Mailing Address
1649 Imperial Circle	1649 Imperial Circle
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Naperville, IL	City & State: Naperville, IL.
Zip: 60563 Country: U.S.A.	Zip: 60563 Country: U.S.A.

4. FEI Number: NOT APPLICABLE ☐ Applied For ☒ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

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: X Jillian Neumann
Signature, typed or printed name of registered agent and title if applicable. (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	MGRM	☒ Delete	TITLE	MGRM	☒ Change ☐ Addition
NAME	1031 REVERSE EXCHANGE CO, LLC		NAME	Jillian Neumann	
STREET ADDRESS	695 TARPON BAY ROAD, SUITE 5		STREET ADDRESS	1649 Imperial Circle	
CITY-ST-ZIP	SANIBEL, FL 33957		CITY-ST-ZIP	Naperville, IL 60563	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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