


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 23, 2006 8:00 am**  
**Secretary of State**

03-23-2006 90266 040 \*\*\*\*50.00

<b>DOCUMENT # L03000055009</b>	
1. Entity Name <b>MINTON SUN, LLC</b>	

Principal Place of Business <b>2000 NORTH KINGS HIGHWAY FORT PIERCE FL 34951</b>	Mailing Address <b>2000 NORTH KINGS HIGHWAY FORT PIERCE FL 34951</b>
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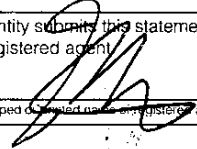
2. Principal Place of Business		3. Mailing Address <b>P. O. BOX 670</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <b>FT. PIERCE, FL</b>	
Zip	Country	Zip <b>34954</b>	Country <b>ST. LUCIE</b>



1st MOORE CR2E083 (10/05)

4. FEI Number <b>20-0504274</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required		
6. Name and Address of Current Registered Agent <b>DEAN MEAD SERVICES, LLC 800 N. MAGNOLIA AVENUE, SUITE 1500 ORLANDO FL 32803</b>		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  **JOHN L. MINTON, PRES.  
MINTON SUN, INC., MGR.** **3/13/06**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2006</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR MINTON SUN, INC. 2000 NORTH KINGS HIGHWAY FORT PIERCE FL 34951</b> <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 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.

**SIGNATURE:**  **JOHN L. MINTON, PRES.  
MINTON SUN, INC., MGR.** **3/13/06** **772-464-3502**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #