

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 30, 2007 8:00 am
Secretary of State

07-30-2007 90027 032 ****50.00

DOCUMENT # L04000007897					
1. Entity Name SUN LAND HOLDINGS, LLC					
Principal Place of Business 9121 N. MILITARY TRAIL 200 PALM BEACH GARDENS, FL 33410 US			Mailing Address 821 27TH ST, #1 WEST PALM BEACH, FL 33407 US		
2. Principal Place of Business - No P.O. Box # 631 US Hwy 1		3. Mailing Address			
Suite, Apt. #, etc. Suite 102		Suite, Apt. #, etc.			
City & State North Palm Beach		City & State			
Zip 33408		Country PALM BEACH		Zip Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MORGAN, SHERI 821 27TH ST. #1 WEST PALM BEACH, FL 33407				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reconstituting)</small>					
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FORTE, COLIN 9121 N MILITARY TRAIL #200 PALM BEACH GARDENS, FL 33410	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FORTE, COLIN 631 US HWY 1, SUITE 102 NORTH PALM BEACH, FL 33408	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FORTE, SONYA 9121 N MILITARY TRAIL #200 PALM BEACH GARDNES, FL 33410	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FORTE, SONYA 631 US HWY 1, SUITE 102 NORTH PALM BEACH, FL 33408	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 19, 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: _____ 7/10/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					