2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 07, 2008
Secretary of State

DOCUMENT# L04000042486

Entity Name: SUNBURST MANAGEMENT SERVICES, LLC

Current Principal Place of Business:

2432 LAKE VISTA CT
BLDG 8 APT 112
CASSELBERRY, FL 32707

New Principal Place of Business:

6219 BENT PINE DR
APT 331B
ORLANDO, FL 32822

Current Mailing Address:

P.O. BOX 940606
MAITLAND, FL 32794

New Mailing Address:

6219 BENT PINE DR
APT 331B
ORLANDO, FL 32822

FEI Number: 16-1701480 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HOWARD, CHARLES A
2432 LAKE VISTA CT
BLDG 8 APT 112
CASSELBERRY, FL 32707 US

Name and Address of New Registered Agent:

HOWARD, CHARLES A
6219 BENT PINE DR
APT 331B
ORLANDO, FL 32822 US

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.

SIGNATURE: 07/07/2008
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: PST ( ) Delete
Name: HOWARD, CHARLES A
Address: 2432 LAKE VISTA CT. APT 112
City-St-Zip: CASSELBERRY, FL 32707

ADDITIONS/CHANGES:

Title: PST (X) Change ( ) Addition
Name: HOWARD, CHARLES A
Address: 6219 BENT PINE DR APT 331B
City-St-Zip: ORLANDO, FL 32822

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CHARLES A. HOWARD PST 07/07/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date