

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000043438

FILED
Apr 30, 2006
Secretary of State

Entity Name: SUN ALLIANCE MANAGEMENT OF SOUTH FLORIDA,LLC

Current Principal Place of Business:

2900 N. GLADES CIRCLE
SUITE 250
WESTON, FL 33327 US

New Principal Place of Business:

2900 N. GLADES CIRCLE
SUITE 1400
WESTON, FL 33327 US

Current Mailing Address:

2900 N. GLADES CIRCLE
SUITE 250
WESTON, FL 33327 US

New Mailing Address:

2900 N. GLADES CIRCLE
SUITE 1400
WESTON, FL 33327 US

FEI Number: 61-1474192

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROMANELLO ROFESSIONAL ASSOCIATION
11555 HERON BAY BLVD, STE 200
CORAL SPRINGS, FL 33076 US

Name and Address of New Registered Agent:

ROMANELLO PROFESSIONAL ASSOCIATION
11555 HERON BAY BLVD, STE 200
CORAL SPRINGS, FL 33076 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: STEVEN J. ROMANELLO

04/30/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SUN ALLIANCE MANAGEM, ENT, LLC
Address: 2900 N. GLADES CIRCLE, STE 250
City-St-Zip: WESTON, FL 33327 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SUN ALLIANCE MANAGEM, ENT, LLC
Address: 2900 N. GLADES CIRCLE, STE 1400
City-St-Zip: WESTON, FL 33327 US

I hereby certify that the information supplied with this filing does not qualify for the 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: KENNETH A. FELDMAN

MGR

04/30/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date