

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000044360

FILED  
Apr 30, 2007  
Secretary of State

Entity Name: SUN ALLIANCE MANAGEMENT, LLC

## Current Principal Place of Business:

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

## New Principal Place of Business:

## Current Mailing Address:

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

## New Mailing Address:

FEI Number: 30-0265900

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

ROMANELLO PROFESSIONAL ASSOCIATION  
1560 SAWGRASS CORPORATE PARKWAY  
FOURTH FLOOR  
SUNRISE, FL 33323 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

04/30/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: GRAUBERT, ALAN S M.D.  
Address: 2650 OAKMONT  
City-St-Zip: WESTON, FL 33322

Title: MGRM ( ) Delete  
Name: FELDMAN, KENNETH A  
Address: 12405 NW 63RD ST  
City-St-Zip: CORAL SPRINGS, FL 33076

Title: MGRM ( ) Delete  
Name: COHEN, SANFORD J  
Address: 12550 SW 15TH ST  
City-St-Zip: PEMBROKE PINES, FL 33027

## ADDITIONS/CHANGES:

Title: M (X) Change ( ) Addition  
Name: GRAUBERT, ALAN S M.D.  
Address: 2650 OAKMONT  
City-St-Zip: WESTON, FL 33322

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: M (X) Change ( ) Addition  
Name: COHEN, SANFORD J  
Address: 12550 SW 15TH ST  
City-St-Zip: PEMBROKE PINES, FL 33027

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: KENNETH A. FELDMAN

MGRM

04/30/2007

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