2006 LIMITED LIABILITY COMPANY

SIGNATURE

ANNUAL REPORT DOCUMENT # L04000052786 1. Entity Name SUNVESTORS, LLC Principal Place of Business Mailing Address 7590 121ST AVE N LARGO, FL 33773 7590 121ST AVE N LARGO, FL 33773 042 DO NOT WRITE IN THIS SPACE 20-1366609 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent MENDEZ, SUSAN 7590 121ST AVE N LARGO, FL 33773

FILED May 01, 2006 08:00 AM Secretary of State

| 262806 No Chg-LLC | CR2E083 (11/05) |
|-------------------|-----------------|
| Et Number | Applied For |

Not Applicable

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

| 8. The above the obligati | named entity submits this statement for the purpose of changions of registered agent. | ging its registered office or registered agent, or bo | th, in the State of Florida. I am familiar with, and accept |
|------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| SIGNATURE | Signature, typed or printed name of registered agent and IIIIs it appacable. | (NOTE: Registered Agent signature required when reinstating) | DATE |
| Fi Di | iing Fee is \$50.00 ue by May 1, 2006 | :- | - |
| ₽. | MANAGING MEMBERS/MANAGERS | | |
| TITLE NAME SIMEET ACCRESS CITY-ST-ZIP | MGRM MENDEZ, SUSAN 7590 121ST AVE N LARGO, FL 33773 | | |
| TITLE NAME STREET AOURESS CRY-ST-ZIP | | | 000000547087 05/12/06-80010-008 50. 00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | DO | NOT WRITE |
| TITLE NAME STREET AUDRESS CITY-ST-ZIP | | IN . | THIS SPACE |
| TITLE NAME STREET ADDRESS GITY-ST-ZIP | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | |
| 11. I hereby of indicated limited list | ertily that the information supplied with this filing does not on this report is true and accurate and that my signature shollify company or the receiver or trustee empowered to exec | uality for the exemptions contained in Chapter 11 all have the same legal effect as if made under outer this report as required by Chapter 608, Florid | 9. Florida Statutes. I turther certify that the information ath, that I am a managing member or manager of the a Statutes. |