2006 LIMITED LIABILITY COMPANY

ANNUAL REPORT DOCUMENT # L04000068735 1. Entity Name CLOUDS & SUN, LLC Principal Place of Business Mailing Address 1190 BIMINI LANE 1190 BIMINI LANE SINGER ISLAND, FL 33404 SINGER ISLAND, FL 33404 DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent

FILED Jan 23, 2006 08:00 AM **Secretary of State**

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D	O NOT WRIT	E IN THIS SPAC	01182006No Chg-LLC CR2E083 (11/05)
6. Name and Address of Current Registered Agent DEAN, MICHAEL 1190 BIMINI LANE SINGER ISLAND, FL 33404			DO NOT WRITE IN THIS SPACE
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE			
9. TITLE NAME STREET ADDRESS	MGR DEAN, MICHAEL 1190 BIMINI LANE	BERS/MANAGERS	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	SINGER ISLAND, FL 33404		01/26/06-80016-013 SQ.00
KAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE IN THIS SPACE
TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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:

9.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1-17-06

881-561

Daytime Phone #