2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE

## May 27, 2005 8:00 am Secretary of State DOCUMENT # L040000009773 05-02-2005 90105 013 \*\*\*\*50.00 1. Entity Name TUNDRA SUN RAY MANAGEMENT, L.L.C. Principal Place of Business Mailing Address 5601 CENTRAL AVENUE ST. PETERSBURG FL 33710 PO BOX 86005 ST. PETERSBURG FL 33738 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/04) 4. FEI Number Applied For City & State City & State Not Applicable Country Zip Country \$5.00 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CHECHELE, DANIEL-J Street Address (P.O. Box Number Is Not Acceptable) 5625 CENTRAL AVENUE ST. PETERSBURG FL 33710 City 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 SIGNATURE Squarure, typed to protect name of registrated agent and title is applicable (NOTE Registered Agent signature required when reunsiating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES NTLE MGR ☐ Defeta TITLE Change Addition RAY, BARBARA NAME NAME PO BOX 86005 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG FL 33738 CITY ST- ZIP Defete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CIT-SI-7P MILE Delete ☐ Change ☐ Addition HAME NUME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Deleta TITLE Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP ☐ Deteta Change ■ Addition TITLE NAME SIAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SI-ZIP Delete TITLE ☐ Change ■ Addition HILE HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119,07(3)(i). 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 cath; 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.

IG MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**FILED**