## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **DOCUMENT # L04000073268**

1. Entity Name

SUNRAY MANAGEMENT GROUP, LLC.



FILED
Mar 08, 2007 08:00 AM
Secretary of State

Principal Place of Business

1254 S. JOHN YOUNG PKWY.

SUITE C

KISSIMMEE, FL 34741

Mailing Address

1254 S. JOHN YOUNG PKWY.

SUITE C

DO NOT WRITE IN THIS SPACE

KISSIMMEE, FL 34741



 $\Box$ 

01032007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1099334

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

5. Name and Address of Current Registered Agent

CHALIFOUX, THOMAS E JR. 1254 S. JOHN YOUNG PKWY. SUITE C

KISSIMMEE, FL 34741

## 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 site if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00 Due by May 1, 2007 U00000659638 03/16/07-80037-022 50.00

| 9.             | MANAGING MEMBERS/MANAGERS |
|----------------|---------------------------|
| TITLE          | MGRM                      |
| NAME           | CHALIFOUX, THOMAS E JR.   |
| STREET ADDRESS | 1254 S. JOHN YOUNG PKWY.  |
| CITY-ST-ZIP    | KISSIMMEE, FL 34741       |
| TITLE          |                           |
| NAME           |                           |
| STREET ADDRESS |                           |
| CITY-ST-ZIP    |                           |
| TITLE          |                           |
| NAME           |                           |
| STREET ADDRESS |                           |
| CITY-ST-ZIP    |                           |
| TITLE          |                           |
| NAME           |                           |
| STREET ADDRESS |                           |
| CITY-ST-ZIP    |                           |
| TITLE          |                           |
| NAME           |                           |
| STREET ADDRESS |                           |
| CITY-ST-ZIP    |                           |
| TITLE          |                           |
| NAME           |                           |
| STREET ADDRESS |                           |
| CITY-ST-ZIP    |                           |
|                |                           |

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing 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 eath; that I am a managing member or manager of the limited liability company or the report or trustee impowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND J

Thouas E. Ch

27/21

Danton Donn d