2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

Apr 01, 2008 08:00 AN Secretary of State **DOCUMENT # L04000073268** SUNRAY MANAGEMENT GROUP, LLC. Principal Place of Business Mailing Address 1254 S. JOHN YOUNG PKWY. 1254 S. JOHN YOUNG PKWY. Suite C SUITE C KISSIMMEE, FL 34741 KISSIMMEE, FL 34741 CR2E083 (12/07) 01182008 No Chg-LLC DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1099334 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE CHALIFOUX, THOMAS E JR. 1254 S. JOHN YOUNG PKWY. SUITE C IN THIS SPACE KISSIMMEE, FL 34741 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOWIII FEE IS \$138.75 U000000876663 After May 1, 2008 Fee will be \$538.75 U4/11/08-80U85-00 DONOT WRITE MANAGING MEMBERS/MANAGERS 9. MGRM TITLE CHALIFOUX, THOMAS E JR. NAME STREET ADDRESS 1254 S. JOHN YOUNG PKWY. KISSIMMEE, FL 34741 CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

FILED

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 twe 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 of the receiver of trusted empowered to execute this report as pequired by Chapter 608, Florida Statutes.

SIGNATURE PED ON PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE