2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 03, 2006 8:00 am
Secretary of State
08-03-2006 90072 023 ****50.00

DOCUMENT # L04000080129

1. Entity Name
SUN EXPOS, LLC

Principal Place of Business	Mailing Address
9500 SATELLITE BLVD., STE. 190 ORLANDO, FL 32837	P.O. BOX 450424 KISSIMMEE, FL 34745

20051528

07292006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business		3. Mailing Address	
9521 S. Orange Blossom Trl.		Same	
Suite, Apt. #, etc.: Suite 110		Suite, Apt. #, etc.	
City & State: Orlando FL		City & State	
Zip: 32837	Country	Zip	Country

4. FEI Number: 20-1907661 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PEEK, TERRY 9500 SATELLITE BLVD., STE. 190 ORLANDO, FL 32837	Name: Street Address (P.O. Box Number is Not Acceptable): 9521 S. Orange Blossom Trl. Suite 110 City: Orlando FL Zip Code: 32837

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: Janice Peek DATE: 7/31/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by September 6, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM PEEK, TERRY 9500 SATELLITE BLVD., STE. 190 ORLANDO, FL 32837	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 9521 S. Orange Blossom Trl. Suite 110 Orlando FL 32837
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM PEEK, JANICE 9500 SATELLITE BLVD., STE. 190 ORLANDO, FL 32837	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 9521 S. Orange Blossom Trl. Suite 110 Orlando FL 32837
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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 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: Janice Peek (Janice Peek) 7/31/06