2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000080129

1. Entity Name SUN EXPOS, LLC

FILED Jan 26, 2007 08:00 AM Secretary of State

Principal Place of Business

9521 O ORANGE BLOSSOM TR

STE 110 ORLANDO, FL 32837 Mailing Address

P.O. BOX 450424 KISSIMMEE, FL 34745



01202007 No Chg-LLC

CR2E083 (11/05)

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

PEEK, TERRY 9521 S ORANGE BLOSSOM TRAIL STE 110 ORLANDO, FL 32837

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.				
SKGNATURE				
ři D	lling Fee is \$50.00 ue by May 1, 2007	(not in ingland or got any code ingland or main in an according	DATE	
9.	MANAGING MEMBERS/MANAGERS			
TITLE	MGRM			
HAME	PEEK, TERRY			
STREET ADDRESS	9521 S ORANGE BLOSSOM TR STE 110			
CITY-ST-ZIP	ORLANDO, FL 32837		U00000605283	
TITLE	MGRM		01/30/07-30030-001 S0.00	
NAME	PEEK, JANICE		01/20/01 00000 001 70°00	
STREET ADDRESS	9521 S ORANGE BLOSSOM TR STE 110		·	
CITY-ST-ZIP	ORLANDO, FL 32837	1		
TITLE				
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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 ifmitted liability company or the receiver or trustee emperced to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS
CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

NO TYPES OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1-24-07

407.888.003

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