


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90074 005 ****50.00

DOCUMENT # L05000013920	
1. Entity Name SUN-LAND, L.L.C.	

Principal Place of Business 702 PASS-A-GRILL WAY ST PETE BEACH, FL 33706	Mailing Address P.O. BOX 309 BRANDENBURG, KY 40108
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2. Principal Place of Business 1141 High Street Suite, Apt. #, etc. P.O. Box 538 City & State Brandenburg Ky Zip 40108 Country USA	3. Mailing Address 1141 High Street Suite, Apt. #, etc. P.O. Box 538 City & State Brandenburg Ky Zip 40108 Country USA
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03172008 Chg-LLC CR2E083 (11/05)

6. Name and Address of Current Registered Agent BOLE, BRADLEY M 535 CENTRAL AVENUE ST PETERSBURG, FL 33701	
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4. FEI Number 59-3799340	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCGEHEE, CHRIS 1141 HIGH STREET BRADENBURG, KY 40108 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 officer or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Chris McGehee* **4/26/06** **(270) 422-5600**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #
Chris McGehee Manager