



# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # L05000025175</b> 1. Entity Name <b>SUN IMAGE FLOORS LLC</b>						<b>FILED</b> 06 JAN 26 AM 11:41 SECRETARY OF STATE TALLAHASSEE, FLORIDA WL 01/24/06	
Principal Place of Business 866 GIBSON SAWMILL RD HAVANA, FL 32333				Mailing Address 866 GIBSON SAWMILL RD HAVANA, FL 32333			
2. Principal Place of Business Suite, Apt. #, etc. <b>SAME AS 1</b>		3. Mailing Address <b>872 Gibson Sawmill Rd</b> Suite, Apt. #, etc.					
City & State <b>AS FL</b>		City & State <b>Havana, FL</b>		4. FEI Number 01262006 Chg-LLC CR2E083 (11/05)		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip <b>32333</b>	Country <b>Gadsden</b>	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent  <b>SMITH, DENNIS W</b> <b>866 GIBSON SAWMILL RD</b> <b>HAVANA, FL 32333</b>				7. Name and Address of New Registered Agent Name <b>Thomas Lynn Ross</b> Street Address (P.O. Box Number is Not Acceptable) <b>872 Gibson Sawmill Rd</b> City <b>Havana</b> <b>FL</b> Zip Code <b>32333</b>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>							
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2006</b>				<b>Make check payable to</b> <b>Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SMITH, DENNIS 866 GIBSON SAWMILL RD HAVANA, FL 32333			<input checked="" 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	MGRM ROSS, THOMAS 872 GIBSON SAWMILL RD HAVANA, FL 32333			<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>900065096589</b> <b>02/02/06--01036--018 **50.00</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Delete	<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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.							
SIGNATURE: <b>Thomas Ross</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date: <b>1/26/06</b> Daytime Phone #: <b>514-0858</b>			