

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 15, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90016 006 \*\*\*\*50.00

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<b>DOCUMENT # L05000042287</b> 1. Entity Name <b>SUNLIGHT REALTY LLC</b>																											
Principal Place of Business <b>12915 LAKE VISTA DR GIBSONTON, FL 33534</b>		Mailing Address <b>12915 LAKE VISTA DR GIBSONTON, FL 33534</b>																									
2. Principal Place of Business <b>10069 Adamo DR</b> Suite, Apt. #, etc. <b>—</b>		3. Mailing Address <b>10069 Adamo DR</b> Suite, Apt. #, etc. <b>—</b>																									
City & State <b>Tampa, Florida</b> Zip <b>33619</b> Country <b>USA</b>		City & State <b>Tampa, FL</b> Zip <b>33619</b> Country <b>USA</b>																									
4. FEI Number <b>25-1913466</b>		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required																									
6. Name and Address of Current Registered Agent  <b>LEE, TOUMOUA 12915 LAKE VISTA DR GIBSONTON, FL 33534</b>		7. Name and Address of New Registered Agent Name <b>N/A</b> Street Address (P.O. Box Number is Not Acceptable) <b>—</b> City <b>—</b> State <b>FL</b> Zip Code <b>—</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  DATE <b>4-21-06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>																											
Filing Fee is \$30.00 Due by May 1, 2006		Make check payable to Florida Department of State																									
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">MGR</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>LEE, TOUMOUA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>12915 LAKE VISTA DR</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>GIBSONTON, FL 33534</td> <td></td> </tr> </table>		TITLE	MGR	<input type="checkbox"/> Delete	NAME	LEE, TOUMOUA		STREET ADDRESS	12915 LAKE VISTA DR		CITY-ST-ZIP	GIBSONTON, FL 33534		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;"></td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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:		Date <b>4-21-06</b> Daytime Phone # <b>813 662-5550</b>																									