
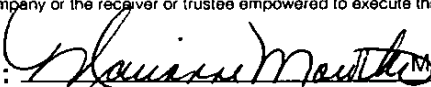


DOCUMENT # L05000092290			
1. Entity Name K & M SUN REALTY, LLC			
Principal Place of Business 2800 N. FLAGLER DRIVE, APT 804 WEST PALM BEACH, FL 33407		Mailing Address 2800 N. FLAGLER DRIVE, APT 804 WEST PALM BEACH, FL 33407	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent			
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE, SUITE 4 WESTON, FL 33331			Name
			Street Address
			City
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required.)</small>			
Filing Fee is \$50.00 Due by May 1, 2006			
9. MANAGING MEMBERS/MANAGERS			
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE
NAME	MOROSKO, MARIANNE		NAME
STREET ADDRESS	4 KINGSON LANE, APT 6		STREET ADDRESS
CITY - ST - ZIP	MEDWAY, MA 02053		CITY - ST - ZIP
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE
NAME	WALLACE, KATHRYN		NAME
STREET ADDRESS	2800 N FLAGLER DRIVE, APT 804		STREET ADDRESS
CITY - ST - ZIP	WEST PALM BEACH, 33 407		CITY - ST - ZIP
TITLE		<input type="checkbox"/> Delete	TITLE
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY - ST - ZIP			CITY - ST - ZIP
TITLE		<input type="checkbox"/> Delete	TITLE
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY - ST - ZIP			CITY - ST - ZIP
TITLE		<input type="checkbox"/> Delete	TITLE
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY - ST - ZIP			CITY - ST - ZIP
TITLE		<input type="checkbox"/> Delete	TITLE
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY - ST - ZIP			CITY - ST - ZIP
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained indicated on this report is true and accurate and that my signature shall have the same legal effect as if a limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes.			
SIGNATURE:			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE: MARIANNE MOROSKO			