## 2006 LIMITED LIABILITY COMPANY

## **ANNUAL REPORT**

## DOCUMENT #1.05000092290

**FILED** Mar 22, 2006 8:00 am Secretary of State

1. Entity Name K & M SUN REALTY, LLC					03-22-2006	90292 028 *****30	).00
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	3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		Chg-LLC	CR2E083 (11/05)	
City & State		City & State	City & State		31765		plied For t Applicable
Zip	Country	Zip	Country		of Status Desired	S5.00 Add Fee Required	
	6. Name and Address of C	Current Registered Agent	Name	7. Name and	Address of New R	legistered Agent	
NRAI SERVICES, INC. : 2731 EXECUTIVE PARK DRIVE, SUITE 4 WESTON, FL 33331			•	Street Address (P.O. Box Number is Not Acceptable)			
			City			FL Zip Code	•
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 Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE							
	· 4				Mak	e check payable to	
	ling Fee is \$50.00 ue by May 1, 2006					a Department of State	•
9.	MANAGING	MEMBERS/MANAGERS	10.		ADDITIONS	/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MOROSKO, MARIANNE 4 KINGSON LANE, APT 6 MEDWAY, MA 02053	☐ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS	MGRM WALLACE, KATHRYN 2800 N FLAGLER DRIVE,		TITLE NAME STREET ADDRESS			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WEST PALM BEACH, 33	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<u></u>	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition
SITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY- ST-ZIP			☐ Change	Addition
l indicated	on this report is true and accur	lied with this filing does not qualify for ate and that my signature shall have or trustee empowered to execute this	the same legal effect as i	if made under oatl	h; that I am a mana	urther certify that the info ging member or manage	rmation or of the

DATE MARIANNE MOROSKO, MGRM 63/11/06
DED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date