



2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 01, 2008 8:00 am
Secretary of State

02-01-2008 90045 044 ***138.75

DOCUMENT # L05000092414 1. Entity Name SUN AND MOON, LLC			
Principal Place of Business 225 NE MIZNER BLVD., SUITE 300 BOCA RATON, FL 33432		Mailing Address 225 NE MIZNER BLVD., SUITE 300 BOCA RATON, FL 33432	
2. Principal Place of Business - No P.O. Box # 595 So. Federal Highway Suite 600 Boca Raton, FL 33432		3. Mailing Address 595 So. Federal Highway Suite 600 Boca Raton, FL 33432	
			
		01102008 Chg-LLC CR2E083 (12/06)	
		4. FEI Number 20-3530177	
		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LEVINE, MARCIA E ESQ. 225 NE MIZNER BLVD., SUITE 300 BOCA RATON, FL 33432		7. Name and Address of New Registered Agent Name → SAME AS CURRENT 595 So. Federal Highway (Acceptable) Suite 600 Boca Raton, FL 33432	
		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 <u><i>Marcia E. Levine</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <u>1/14/08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MEMB SCHAEFER, BONNIE <input type="checkbox"/> Delete 2070 N OCEAN BLVD BOCA RATON, FL 33431	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SCHAEFER, EILEEN BONNIE 2070 N. OCEAN BLVD. #2 BOCA RATON, FL. 33431
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SCHAEFER, JAMIE 2070 N. OCEAN BLVD. #2 BOCA RATON, FL. 33431
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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
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
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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: <u><i>Eileen Bonnie Schaefer</i></u> EILEEN BONNIE SCHAEFER MGRM		Date <u>1-14-08</u> (56) 620-2232 <small>Daytime Phone #</small>	