

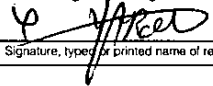



# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90023 015 \*\*\*\*50.00

<b>DOCUMENT # L05000100909</b> 1. Entity Name <b>SUN GOLD, LLC</b>					
Principal Place of Business <b>P.O. BOX 21695 SARASOTA, FL 34276</b>			Mailing Address <b>P.O. BOX 21695 SARASOTA, FL 34276</b>		
2. Principal Place of Business <b>8215 Blake Ct</b> Suite, Apt. #, etc. <b>113</b> City & State <b>Sarasota FL</b> Zip <b>34240</b> Country <b>USA</b>		3. Mailing Address <b>8215 Blake Ct</b> Suite, Apt. #, etc. <b>113</b> City & State <b>Sarasota FL</b> Zip <b>34240</b> Country <b>USA</b>			
03272006 Chg-LLC CR2E083 (11/05)				4. FEI Number <b>20-3623593</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>DEVALD, YARON</b> <b>5499 OAK CREST DRIVE</b> <b>SARASOTA, FL 34233</b>			7. Name and Address of New Registered Agent Name <b>Yaron Devald</b> Street Address (P.O. Box Number is Not Acceptable) <b>8215 Blake Ct</b> <b>#113</b> City <b>Sarasota</b> <b>FL</b> Zip Code <b>34240</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>4/4/06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</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	<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	
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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	
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>Yaron Devald</b> <b>4/4/06</b> <b>941-348-6189</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		