2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 24, 2007 8:00 am Secretary of State DOCUMENT # L05000100909 04-24-2007 90118 026 ****50.00 1. Entity Name SUN GOLD, LLC Principal Place of Business Mailing Address 60034852 8215 BLAIKE CT 8215 BLAIKE CT 113 SARASOTA, FL 34240 SARASOTA, FL 34240 .04132007 No_Chg-LLC_____CR2E083 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-3623593 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DEVALD, YARON DO NOT WRITE 8215 BLAIKE CT SARASOTA, FL 34240 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2007 9. MANAGING MEMBERS/MANAGERS **MGRM** TITLE : DEVALD, YARON NAME STREET ADDRESS 8215 BLAIKE CT SARASOTA, FL 34240 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TETLE NAME STREET ADDRESS

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:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

FILED