



05-30-2006 90184 042 \*\*\*50.00

<b>DOCUMENT # L05000111261</b> 1. Entity Name <b>SUNDANCE REALTY ADVISORS, LLC</b>				<b>Secretary of State</b> 05-30-2006 90184 042 ****50.00	
Principal Place of Business <b>3900 KNICKERBOCKER PARKWAY SUITE E</b> <b>RALEIGH, NC 27612</b> <i>92-2 Chinkapiin Drive</i> <i>Stephens City, VA 22655</i>		Mailing Address <b>3900 KNICKERBOCKER PARKWAY SUITE E</b> <b>RALEIGH, NC 27612</b> <i>92-2 Chinkapiin Drive</i> <i>Stephens City, VA 22655</i>			
2. Principal Place of Business <i>SAME AS ABOVE</i>		3. Mailing Address <i>Stephens City, VA</i> <i>92-2 Chinkapiin Drive 22655</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05242006 Chg-LLC CR2E083 (11/05)	
City & State		City & State <i>Stephens City, VA</i>		4. FEI Number <input checked="" type="checkbox"/> Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
<i>22655</i>		<i>USA</i>			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>GREEN, RICHARD D ESQ</b> <b>1010 DREW STREET</b> <b>CLEARWATER, FL 33755</b>				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by September 6, 2006					
Make check payable to Florida Department of State					
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MADAGAN, JOHN W SR 3900 KNICKERBOCKER PARKWAY SUITE E RALEIGH, NC 27612 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM John W. Madagan, Sr 92-2 Chinkapiin Drive Stephens City, VA 22655 <input checked="" 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
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: <i>John W. Madagan, Sr.</i>				5.24.2006 570.869.2953	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

Division of Corporations  
Tallahassee, FL


ATTACHMENT  
20646759  
#60500011261

5.24.2006

**RE: Explanation of Delay in Filing Report**

Sirs:

I had a stroke in North Carolina on 4.28.2006 which required hospitalization thru 5.01.2006.  
I am now in Virginia recovering from the stroke which delayed me in filing the report.

Thank you,  
  
John W Madagan, Sr.