2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2008
Secretary of State

DOCUMENT# L06000017834

Entity Name: SUNRAYS OF TAMPA LLC.

Current Principal Place of Business:

2406 W. MORRISON AVE
TAMPA, FL 33629

New Principal Place of Business:

2308 W. JETTON AVENUE
TAMPA, FL 33629

Current Mailing Address:

2406 W. MORRISON AVE
TAMPA, FL 33629

New Mailing Address:

2308 W. JETTON AVENUE
TAMPA, FL 33629

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALCHIKH, ALI
2406 W. MORRISON AVE
TAMPA, FL 33629 US

Name and Address of New Registered Agent:

ALCHIKH, ALI
2308 W. JETTON AVENUE
TAMPA, FL 33629 US

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.

SIGNATURE: ALI ALCHIKH 04/10/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: ELSHEIKH, MUHAMMED A
Address: 2406 W. MORRISON AVE.
City-St-Zip: TAMPA, FL 33629

Title: MGRM ( ) Delete
Name: CHIKH, SOUBHI
Address: 2406 W. MORRISON AVE
City-St-Zip: TAMPA, FL 33629

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: ELSHEIKH, MUHAMMED A
Address: 2308 W. JETTON AVENUE
City-St-Zip: TAMPA, FL 33629

Title: MGRM (X) Change ( ) Addition
Name: CHIKH, SOUBHI
Address: 2308 W. JETTON AVENUE
City-St-Zip: TAMPA, FL 33629

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MUHAMMED AZAM ELSHEIKH MGRM 04/10/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date