2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 19, 2009
Secretary of State

DOCUMENT# L06000077515

Entity Name: SUNDREAM TRIO LLC

Current Principal Place of Business:

1256 SW BRIARWOOD DRIVE
PORT SAINT LUCIE, FL 34986

New Principal Place of Business:

Current Mailing Address:

1256 SW BRIARWOOD DRIVE
PORT SAINT LUCIE, FL 34986

New Mailing Address:

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

Name and Address of Current Registered Agent:

ANDERSON, LAWRENCE
1256 SW BRIARWOOD DRIVE
PORT SAINT LUCIE, FL 34986 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: ANDERSON, LAWRENCE
Address: 1256 SW BRIARWOOD DRIVE
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: MGRM ( ) Delete
Name: ANDERSON, GAIL
Address: 802 ALPINE TRAIL
City-St-Zip: NEPTUNE, NJ 07753

Title: MGRM ( ) Delete
Name: WADE, CHERYL G
Address: 5231 DUNSTABLE LANE
City-St-Zip: ALEXANDRIA, VA 22315

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change ( ) Addition
Name: ORR, CHERYL G
Address: 5231 DUNSTABLE LANE
City-St-Zip: ALEXANDRIA, VA 22315

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: LAWRENCE ANDERSON MGRM 02/19/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date