2008 LIMITED LIABILITY COMPANY

Aug 04, 2008 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # L07000094853** 08-04-2008 90053 043 ***143.75 UNITED SUN DEVELOPMENT LLC Principal Place of Business Mailing Address 17180 PRIMAVERA CIRCLE 17180 PRIMAVERA CIRCLE CAPE CORAL, FL 33909 US CAPE CORAL, FL 33909 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07302008 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 14-2011437 Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TROUT, STEVEN Street Address (P.O. Box Number is Not Acceptable) 17180 PRIMAVERA CIRCLE CAPE CORAL, FL 33909 City 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 Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008 In accordance with s. 607.193(2)(b), F.S., the limited Make check payable to liability company did not receive the prior notice. Fiorida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGRM TITLE MLE ☐ Delete ☐ Change ☐ Addition NAME TROUT, STEVEN NAME STREET ADDRESS 17180 PRIMAVERA CIRCLE STREET ADDRESS CITY+SI-ZIP CAPE CORAL, FL 33909 CITY-ST-ZIP **MGRM** MILE ☐ Delete TITLE ☐ Change ■ Addition NAME TROUT, DEBBIE NAME STREET ADDRESS 17180 PRIMAVERA CIRCLE STREET ADORESS CITY-ST-ZIP CAPE CORAL, FL 33909 CITY - ST - ZIP TITLE Delete TTTLE ■ Addition NAME NAME STREET ADORESS STREET ADORESS CITY-ST-7IP CITY-ST-ZIP Detete TITLE TITLE ☐ Change ■ Addition NAME NAME STREET ADORESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP 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.

Stoven O. Show Mank United Sun Development LLC

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