


FILED  
May 05, 2008 8:00 am  
Secretary of State

04-09-2008 90123 034 \*\*\*138.75

2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

<b>DOCUMENT # L07000101463</b>			
1. Entity Name <b>3 SUNS MANAGEMENT LLC</b>			
Principal Place of Business <b>947 ORANGE AVE. OVIEDO, FL 32765 US</b>		Mailing Address <b>947 ORANGE AVE. OVIEDO, FL 32765 US</b>	
2. Principal Place of Business - No P.O. Box # <b>1051 Third St.</b>		3. Mailing Address <b>1051 Third St.</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Ft. Myers Beach, FL</b>		City & State <b>Ft. Myers Beach, FL</b>	
Zip <b>33931</b>	Country <b>USA</b>	Zip <b>33931</b>	Country <b>USA</b>
4. FEI Number <b>26-1189342</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>SPROLE, RICK N 947 ORANGE AVE. OVIEDO, FL 32765</b>		7. Name and Address of New Registered Agent 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 renewing) DATE _____			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$338.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SPROLE, RICK N 947 ORANGE AVE. OVIEDO, FL 32765 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1051 Third Street Ft Myers Beach, FL 33931</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SPROLE, RAE A 947 ORANGE AVE. OVIEDO, FL 32765 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1051 Third Street Ft Myers Beach, FL 33931</b>
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: <b>Rae Sprole</b>		Date <b>4-7-08</b> Daytime Phone # <b>239-4634842</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			