2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000091346

Entity Name: SUN LEISURE PRODUCTS LLC

Current Principal Place of Business:	**New Principal Place of Business:**
15 HARGROVE LANE, UNIT 21 PALM COAST, FL 32167 US	15 HARGROVE LANE, UNIT 2-I PALM COAST, FL 32137 US
Current Mailing Address:	**New Mailing Address:**
15 HARGROVE LANE, UNIT 21 PALM COAST, FL 32167 US	15 HARGROVE LANE, UNIT 2-I PALM COAST, FL 32137 US

FEI Number: 26-3442133   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
UNITED STATES CORPORATION AGENTS, INC. 13302 WINDING OAKS BLVD. SUITE A-100 TAMPA, FL 33612 US	LAFLEUR, PAUL J MR 15 HARGROVE LANE, UNIT 2-1 PALM COAST, FL 32137 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: PAUL J LAFLEUR   04/28/2009

Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MANAGERS: **ADDITIONS/CHANGES:**

Title:	MGRM ( ) Delete	Title:	( ) Change ( ) Addition
Name:	LAFLEUR, PAUL	Name:	
Address:	81 WELLWATER DRIVE	Address:	
City-St-Zip:	PALM COAST, FL 32164 US	City-St-Zip:	

Title:	MGRM ( ) Delete	Title:	( ) Change ( ) Addition
Name:	LAFLEUR, SHEILA	Name:	
Address:	81 WELLWATER DRIVE	Address:	
City-St-Zip:	PALM COAST, FL 32164 US	City-St-Zip:	

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: PAUL LAFLEUR   MR   04/28/2009

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