2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000114730

Entity Name: MORADA SUN, LLC

FILED May 04, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

179 ORLANDO DRIVE ISLAMORADA, FL 33070

Current Mailing Address: New Mailing Address:

P.O. BOX 1811 P.O. BOX 721

TAVERNIER, FL 33070 ISLAMORADA, FL 33036

FEI Number: 26-4560192 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CROCKETT, CLAY CROCKETT, LEANN 179 ORLANDO DRIVE 179 ORLANDO DRIVE

ISLAMORADA, FL 33070 US ISLAMORADA, FL 33070 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: LEANN CROCKETT 05/04/2009

Electronic Signature of Registered Agent Date

ADDITIONS/CHANGES:

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete Title: MGR (X) Change () Addition

 Name:
 CROCKETT, LEANN
 Name:
 CROCKETT, LEANN

 Address:
 179 ORLANDO DRIVE
 Address:
 179 ORLANDO DRIVE

 City-St-Zip:
 ISLAMORADA, FL 33070
 City-St-Zip:
 ISLAMORADA, FL 33070

Title: MGR () Delete Title: MGRM (X) Change () Addition Name: CROCKETT, CLAY Name: CROCKETT, CLAY

Address: 179 ORLANDO DRIVE Address: 179 ORLANDO DRIVE
City-St-Zip: ISLAMORADA, FL 33070 City-St-Zip: ISLAMORADA, FL 33070

Title: () Delete Title: S () Change (X) Addition

 Name:
 Name:
 CROCKETT, ZEFFIE A

 Address:
 Address:
 179 ORLANDO DRIVE

 City-St-Zip:
 City-St-Zip:
 TAVERNIER, FL 33070

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: LEANN CROCKETT MGR 05/04/2009