

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90027 043 \*\*\*\*50.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                          |                                                                       |                                                                                                                                                                                                    |                                                                                                                                                     |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|-----------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # L99000008882</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                          |                                                                       |                                                                                                                                                                                                    |                                                                                                                                                     |  |
| <b>1. Entity Name</b><br>SUNMARK HOLDINGS, LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                          |                                                                       |                                                                                                                                                                                                    |                                                                                                                                                     |  |
| <b>Principal Place of Business</b><br>9564 DELEGARES DR<br>ORLANDO, FL 32837                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                          |                                                                       | <b>Mailing Address</b><br>9564 DELEGARES DR<br>ORLANDO, FL 32837                                                                                                                                   |                                                                                                                                                     |  |
| <b>2. Principal Place of Business</b><br>9564 DELEGATES DR<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                          | <b>3. Mailing Address</b><br>9564 DELEGATES DR<br>Suite, Apt. #, etc. |                                                                                                                                                                                                    |                                                                                                                                                     |  |
| <b>City &amp; State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                          | <b>City &amp; State</b>                                               |                                                                                                                                                                                                    | <b>4. FEI Number</b><br>03292006    Chg-LLC    CR2E083 (11/05)<br>59-3617193                                                                        |  |
| <b>Zip</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                          | <b>Country</b>                                                        |                                                                                                                                                                                                    | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>                                              |  |
| <b>6. Name and Address of Current Registered Agent</b><br>KIBLER, ROBERT<br>9714 CAMBERLEY CIRCLE<br>ORLANDO, FL 32836                                                                                                                                                                                                                                                                                                                                                                                          |                                                                          |                                                                       | <b>7. Name and Address of New Registered Agent</b><br>Name: ROBERT KIBLER<br>Street Address (P.O. Box Number is Not Acceptable):<br>6844 VALHALLA WAY<br>City: WINDERMERE    FL    Zip Code: 34786 |                                                                                                                                                     |  |
| <b>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.</b>                                                                                                                                                                                                                                                                            |                                                                          |                                                                       |                                                                                                                                                                                                    |                                                                                                                                                     |  |
| <b>SIGNATURE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                          |                                                                       | ROBERT KIBLER    3/29/06<br><small>(NOTE: Registered Agent signature required when reinstating)</small>                                                                                            |                                                                                                                                                     |  |
| <b>Filing Fee is \$50.00 Due by May 1, 2006</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                          |                                                                       | <b>Make check payable to Florida Department of State</b>                                                                                                                                           |                                                                                                                                                     |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                          |                                                                       | <b>10. ADDITIONS/CHANGES</b>                                                                                                                                                                       |                                                                                                                                                     |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                      | MGRM<br>ANISH, KATHLEEN<br>11000 BRIDGEHOUSE RD.<br>WINDERMERE, FL 34786 | <input type="checkbox"/> Delete                                       | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                   |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                      | MGRM<br>KIBLER, ROBERT<br>9714 CAMBERLEY CIRCLE<br>ORLANDO, FL 32836     | <input type="checkbox"/> Delete                                       | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                         | MGRM<br>KIBLER, ROBERT<br>6844 VALHALLA WAY<br>WINDERMERE, FL 34786<br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Delete                                          |                                                                       | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                   |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Delete                                          |                                                                       | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                   |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Delete                                          |                                                                       | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                   |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Delete                                          |                                                                       | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                   |  |
| <b>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.</b> |                                                                          |                                                                       |                                                                                                                                                                                                    |                                                                                                                                                     |  |
| <b>SIGNATURE:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                          |                                                                       | 3/29/06    407-425-6603<br><small>Date    Daytime Phone #</small>                                                                                                                                  |                                                                                                                                                     |  |
| ROBERT KIBLER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                          |                                                                       |                                                                                                                                                                                                    |                                                                                                                                                     |  |