



2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 JUN 21 AM 9:41

DOCUMENT # L99000008882 1. Entity Name SUNMARK HOLDINGS, LLC					
Principal Place of Business 9564 DELEGATES DR ORLANDO, FL 32837			Mailing Address 9564 DELEGATES DR ORLANDO, FL 32837		
2. Principal Place of Business 11000 Bridge House Rd Suite, Apt. #, etc.		3. Mailing Address 11000 Bridge House Rd Suite, Apt. #, etc.			
City & State Windermere FL		City & State Windermere FL		4. FEI Number 59-3617193	
Zip 34786		Country Orange		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent KIBLER, ROBERT 6844 VALHALLA WAY WINDERMERE, FL 34786				7. Name and Address of New Registered Agent Name: Kathleen Anish Street Address (P.O. Box Number is Not Acceptable): 11000 Bridge House Rd City: Windermere FL Zip Code: 34786	
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: <u>Kathleen Anish</u> <u>Kathleen Anish</u> <u>6-19-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Amended AR is \$50.00			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ANISH, KATHLEEN 11000 BRIDGEHOUSE RD. WINDERMERE, FL 34786	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KIBLER, ROBERT 6844 VALHALLA WAY WINDERMERE, FL 34786	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KIBLER, ROBERT 6844 VALHALLA WAY WINDERMERE, FL 34786	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KIBLER, ROBERT 6844 VALHALLA WAY WINDERMERE, FL 34786	<input type="checkbox"/> Delete			
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: <u>Kathleen Anish</u>			6-19-06 407341-2000		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		