

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000003154

FILED
May 01, 2008
Secretary of State

Entity Name: SUN CAPITAL PARTNERS MANAGEMENT, LLC

Current Principal Place of Business:

5200 TOWN CENTER CIRCLE
SUITE 470
BOCA RATON, FL 33486

New Principal Place of Business:

5200 TOWN CENTER CIRCLE
SUITE 600
BOCA RATON, FL 33486

Current Mailing Address:

5200 TOWN CENTER CIRCLE
SUITE 470
BOCA RATON, FL 33486

New Mailing Address:

5200 TOWN CENTER CIRCLE
SUITE 600
BOCA RATON, FL 33486

FEI Number: 52-2340887 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:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MCCT () Delete
Name: LEDER, MARC J
Address: 5200 TOWN CENTER CIRCLE
City-St-Zip: BOCA RATON, FL 33486

Title: MCCS () Delete
Name: KROUSE, RODGER R
Address: 5200 TOWN CENTER CIRCLE
City-St-Zip: BOCA RATON, FL 33486

Title: VP () Delete
Name: TERRY, CLARENCE E
Address: 5200 TOWN CENTER CIRCLE
City-St-Zip: BOCA RATON, FL 33486

Title: VP () Delete
Name: KING, THOMAS S
Address: 5200 TOWN CENTER CIRCLE
City-St-Zip: BOCA RATON, FL 33486

Title: VP () Delete
Name: METZ, CHRIS
Address: 5200 TOWN CENTER CIRCLE
City-St-Zip: BOCA RATON, FL 33486

Title: VPAS () Delete
Name: MCCONVERY, MICHAEL
Address: 5200 TOWN CENTER CIRCLE
City-St-Zip: BOCA RATON, FL 33486

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
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Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: JENNIFER SPANGLER

POA

05/01/2008

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