

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000003591

Entity Name: SUN-DAR PROPERTIES, LLC

FILED
May 03, 2006
Secretary of State

Current Principal Place of Business:

POST OFFICE BOX 10712
PENSACOLA, FL 32524

New Principal Place of Business:

POST OFFICE BOX 3131
GREAT FALLS, MT 59403

Current Mailing Address:

POST OFFICE BOX 662
AGOURA HILLS, CA 91376

New Mailing Address:

POST OFFICE BOX 3131
GREAT FALLS, MT 59403

FEI Number: 74-3104632 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:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: MGRM () Delete
Name: BAILEY, DONN C
Address: 43737 27TH ST WEST
City-St-Zip: LANCASTER, CA 93536

Title: MGRM () Delete
Name: RAHM, DEBORAH
Address: P.O. BOX 662
City-St-Zip: AGOURA HILLS, CA 91376

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BAILEY, DONN C
Address: P.O. BOX 3131
City-St-Zip: GREAT FALLS, MT 59403

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

I hereby certify that the information supplied with this filing does not qualify for the 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: DONN C. BAILEY

MGRM

05/03/2006

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