

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000003591

FILED  
Aug 20, 2007  
Secretary of State

Entity Name: SUN-DAR PROPERTIES, LLC

**Current Principal Place of Business:**

POST OFFICE BOX 3131  
GREAT FALLS, MT 59403

**New Principal Place of Business:**

5820 SANDERS AVE  
PENSACOLA, FL 32504

**Current Mailing Address:**

POST OFFICE BOX 3131  
GREAT FALLS, MT 59403

**New Mailing Address:**

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:**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

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

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

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: DONN BAILEY

MGRM

08/20/2007

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