

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000000692

FILED  
Apr 20, 2009  
Secretary of State

**Entity Name:** SUN CAPITAL SECURITIES MANAGEMENT, LLC

**Current Principal Place of Business:**

5200 TOWN CENTER CIRCLE, SUITE 600  
BOCA RATON, FL 33486

**New Principal Place of Business:**

**Current Mailing Address:**

5200 TOWN CENTER CIRCLE, SUITE 600  
BOCA RATON, FL 33486

**New Mailing Address:**

**FEI Number:** 20-0768358

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**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: MGR ( ) Delete  
Name: LEDER, MARC  
Address: 5200 TOWN CENTER CIRCLE, SUITE 600  
City-St-Zip: BOCA RATON, FL 33486

Title: MGR ( ) Delete  
Name: KROUSE, RODGER R  
Address: 5200 TOWN CENTER CIRCLE STE 600  
City-St-Zip: BOCA RATON, FL 33486

Title: VCFO (X) Delete  
Name: CALHOUN, KEVIN  
Address: 5200 TOWN CENTER CIRCLE STE 600  
City-St-Zip: BOCA RATON, FL 33486

Title: VAS (X) Delete  
Name: HAJDUCH, MARK  
Address: 5200 TOWN CENTER CIRCLE STE 600  
City-St-Zip: BOCA RATON, FL 33486

Title: VAS (X) Delete  
Name: MCCONVERY, MICHAEL J  
Address: 5200 TOWN CENTER CIRCLE STE 470  
City-St-Zip: BOCA RATON, FL 33486

Title: VAT (X) Delete  
Name: KLAFTER, MELISSA  
Address: 5200 TOWN CENTER CIRCLE, STE. 600  
City-St-Zip: BOCA RATON, FL 33486

**ADDITIONS/CHANGES:**

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

Title: MGR (X) Change ( ) Addition  
Name: KROUSE, RODGER R  
Address: 5200 TOWN CENTER CIRCLE, SUITE 600  
City-St-Zip: BOCA RATON, FL 33486

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

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

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: LAURA LOUIS

POA

04/20/2009

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