

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000000693

Entity Name: SUN CAPITAL SECURITIES, LLC

FILED  
Apr 28, 2005  
Secretary of State

**Current Principal Place of Business:**

5200 TOWN CENTER CIRCLE, SUITE 470  
BOCA RATON, FL 33486

**New Principal Place of Business:**

**Current Mailing Address:**

5200 TOWN CENTER CIRCLE, SUITE 470  
BOCA RATON, FL 33486

**New Mailing Address:**

FEI Number: 20-0768441

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/MEMBERS:**

Title: MGR ( ) Delete  
Name: LEDER, MARC  
Address: 5200 TOWN CENTER CIRCLE, SUITE 470  
City-St-Zip: BOCA RATON, FL 33486

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: LEDER, MARC  
Address: 5200 TOWN CENTER CIRCLE, SUITE 470  
City-St-Zip: BOCA RATON, FL 33486

Title: MGRM ( ) Change (X) Addition  
Name: KROUSE, RODGER R  
Address: 5200 TOWN CENTER CIRCLE STE 470  
City-St-Zip: BOCA RATON, FL 33486

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MARC J LEDER

MGRM

04/28/2005

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