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(Address)	
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(Dualitesa Ellui	y Name)
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FILING REQUEST

August 3, 2005

FLORIDA DEPARTMENT OF STATE

Type of Filing:

CHANGE OF AGENT

Subject(s):

SUN ARIANA LLC

Form(s) Enclosed:

STATEMENT OF CHANGE OF REGISTERED OFFICE / AGENT

Supporting Document(s):

NONE

Check Enclosed:

CHECK# 19938 FOR \$25.00

Return Via:

REGULAR MAIL - SASE ATTACHED

Filing Method:

ASAP

PLEASE RETURN TO:

PREMIER CORPORATE SERVICES, INC.

590 PARK STREET, SUITE 6

ST. PAUL, MN 55103

Please call me at 1-800-227-1256 if there are any questions.

Thank you!

Melissa Hobbs

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

		Sun Ariana II C	•			
1. The name of the lin	nited liability compa	my is: Sun Anana LEC				-
2. The mailing address	s of the limited liabi	lity company is:				<u> </u>
27777 Franklin Road, St	uite 200, Southfield, M	11 48034				
05/24/2004 M0400001980		04000001980				
3. Date of filing/registration in Florida 4. Documer		Document num	ber			
5. The name of the reg Florida Department		e registered office add	lress as shown or	n the re	cords of	f the
-	CT Corporation S	System				
		Name				
	1200 South Pine	Island Road		-		
	<u> </u>	Address				•
	Plantation, FL 33	3324		_	3.4	_
		City, State and Zip		-	· · ·	95
6. The name and addre	ess of the new regist	ered agent and/or offi	ce:		·	
	NRAI Services, Ir	1C.				. m
		Name		, -	,	
	2731 Executive P					
	Florida street a	address (P.O. Box NO	T acceptable)		•	÷.
						5
	Weston	FL 33331		=	-	
		City, State and Zip				
If the limited liability of confirmed that after the and the business office liability company, it is the members of the limit the operating agreement.	e change or changes of the registered ag hereby confirmed the nited liability compa nt of the limited liab	s are made, the Florida ent will be identical. hat the change(s) was, my or as otherwise pro- illity company.	a street address o Or, in the case o	f the re of a Flor	gistered rida lim	l office ited
(Signature of a member or au	thorized representative of	a member)				
Jonathan Colman						
(Printed or typed name of sig	nee)		• 1.		•	•
I hereby accept the ap comply with the provis and I am familiar with Chapter 608, F.S. Or, address, I hereby conf. NRAI Services, Inc.	pointment as registations of all statutes rand accept the obli- if this document is if this document is if the limited accept the limited all the limited accept the	ered agent and agree relative to the proper gations of my position being filed to merely liability company has	to act in this cap and complete pe n as registered a reflect a change been notified in	eacity. rformal gent as in the ri writing	I further nce of m provide egistere of this	r agree to 1y duties, 2d for in 2d office change.
Sue Johnson, Asst. Sec	retary	ons, P.O. Box 6327, T	Fallahaccaa IFI	22214		
DIV	PIDE TO COLPORATIO	лдэ, Г. Ф. D UX 034/, 1	ananassee, FL	JLJ14		

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