2006 LIMITED LIABILITY COMPANY

May 01, 2006 08:00 AM Secretary of State ANNUAL REPORT DOCUMENT # M04000001994 SUN ISLAND LAKES LLC Principal Place of Business Mailing Address 27777 FRANKLIN ROAD, SUITE 200 27777 FRANKLIN ROAD, SUITE 200 SOUTHFIELD, MI 48034 SOUTHFIELD, MI 48034 CR2E083 (11/05) 03102006 No Chg-LLC DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1150887 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent NRAI SERVICES, INC. DO NOT WRITE 2731 EXECUTIVE PARK DRIVE, SUITE 4 WESTON, FL 33331 IN THIS SPACE 8. 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. I am familiar with, and accept the obligations of registered agent. (NOTE Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2006 MANAGING MEMBERS/MANAGERS 9. DILE NAME SUN QRS POOL 4, INC. U00000548742 05/12/06-80076-011 50.00 STREET ADDRESS 27777 FRANKLIN ROAD, SUITE 200 CITY-ST-ZIP SOUTHFIELD, MI 48034 TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CCTY-ST-7/P asm IN THIS SPACE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:		1	Parisi	4001163
SIGNATURE	AND TYPES	b	RINTED HIME OF SIGNING MAN	AGING MEMBER, OR AUTHORIZED REPRESENTA

CITY-ST-ZIP THE NAME STREET ADDRESS City-St-7iP

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