

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 28, 2006 8:00 am**  
**Secretary of State**

03-28-2006 90014 047 \*\*\*\*50.00

**DOCUMENT # M05000004659**

1. Entity Name  
**SUN PARTNERS MORTGAGE, L.L.C.**



Principal Place of Business  
**2601 CATTLEMAN ROAD, SUITE 400  
SARASOTA, FL 34232**

Mailing Address  
**2601 CATTLEMAN ROAD, SUITE 400  
SARASOTA, FL 34232**

**20021875**



2. Principal Place of Business

3. Mailing Address

**901 Semmes Avenue**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**MTG 1815**

03202006

Chg-LLC

CR2E083 (11/05)

City & State

City & State

**Richmond, VA**

4. FEI Number

**34-2053909**

Applied For

Not Applicable

Zip

Country

Zip

Country

**23224**

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**MGR  
SUNTRUST LENDER MANAGEMENT, L.L.C.  
901 SEMMES AVENUE, MTG 1815  
RICHMOND, VA 23224**

☐ Delete

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11. I hereby certify that the information supplied with this filing 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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE: by: April Wells**

**April Wells, Manager 3/24/06**

**804-291-0018**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #