

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90029 018 ***138.75

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
**901 SEMMES AVE
MTG 1815
RICHMOND, VA 23224**

2. Principal Place of Business - No P.O. Box #
8141 Lakewood Main Street
Suite, Apt. #, etc.
Suite 208

3. Mailing Address
Suite, Apt. #, etc.

City & State
Bradenton, FL 34202
Zip Country **USA**

City & State
Zip Country

03122008 Chg-LLC CR2E083 (12/06)

4. FEI Number
34-2053909

Applied For
Not Applicable

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: April B. Wells April B. Wells, Manager 4/11/08 (804) 291-0018
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #