


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 19, 2007 8:00 am**  
**Secretary of State**

01-19-2007 90132 038 \*\*\*\*50.00

**DOCUMENT # M06000002805**

1. Entity Name  
**SUNBURST FINANCIAL GROUP, LLC**



Principal Place of Business  
**300 CENTURY PARK SOUTH, SUITE 102  
 BIRMINGHAM, AL 35226**

Mailing Address  
**300 CENTURY PARK SOUTH, SUITE 102  
 BIRMINGHAM, AL 35226**

**60004187**



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

01152007 Chg-LLC CR2E083 (12/06)

4. FEI Number  
**20-2550493**

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
<b>AGENTS AND CORPORATIONS, INC.</b> <b>773 4TH AVE., SUITE E</b> <b>NAPLES, FL 34102</b>	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City <b>FL</b> 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 \_\_\_\_\_

**Filing Fee is \$50.00  
 Due by May 1, 2007**

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM MARTIN, JAMES R</b> <input type="checkbox"/> Delete <b>300 CENTURY PARK SOUTH, SUITE 100 BIRMINGHAM, AL 35226</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM MARTIN, JAMES R</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>300 CENTURY PARK SOUTH, SUITE 100 BIRMINGHAM, AL 35226</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:**

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

01/17/07

Date

2058234449

Daytime Phone #