


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 10, 2008 8:00 am**  
**Secretary of State**

03-10-2008 90338 046 \*\*\*138.75

<b>DOCUMENT # M07000001869</b>	
1. Entity Name <b>SUN &amp; SKI ENTERPRISES, LLC</b>	

Principal Place of Business <b>7201 S.E. TOPPER DRIVE VANCOUVER, WA 98664</b>	Mailing Address <b>7201 S.E. TOPPER DRIVE VANCOUVER, WA 98664</b>
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2. Principal Place of Business - No P.O. Box # <b>10000 NE 7th Avenue</b>	3. Mailing Address <b>10000 NE 7th Ave.</b>
Suite, Apt. #, etc. <b>Ste. 401</b>	Suite, Apt. #, etc. <b>Ste. 401</b>
City & State <b>Vancouver, WA</b>	City & State <b>Vancouver, WA</b>
Zip <b>98685</b>	Country <b>USA</b>



02112008 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent <b>NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE, SUITE 4 WESTON, FL 33331</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR NELSON, DAREN S 7201 S.E. TOPPER DRIVE VANCOUVER, WA 98664</b> <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:**  **Daren Nelson** 901 3761  
(360) 243-6772  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_