

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 24, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L00000012914</b>		
1. Entity Name <b>SUNSET VILLAS OF CHIEFLAND, LLC</b>		
Principal Place of Business <b>516 LAKEVIEW RD., UNIT 8 CLEARWATER, FL 33756-3302</b>		Mailing Address <b>516 LAKEVIEW RD., UNIT 8 CLEARWATER, FL 33756-3302</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
		01172006 No Chg-LLC CR2E083 (11/05)
4. FEI Number <b>59-3679404</b>		Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00</b> Additional Fee Required		
6. Name and Address of Current Registered Agent  <b>FLYNN, THOMAS F 516 LAKEVIEW RD., UNIT 8 CLEARWATER, FL 33756-3302</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FLYNN, THOMAS F 516 LAKEVIEW RD., #8 CLEARWATER, FL 33756	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FLYNN, KEVIN T 516 LAKEVIEW RD #8 CLEARWATER, FL 33756	
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<b>DO NOT WRITE IN THIS SPACE</b>		
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:  <b>Kevin T. Flynn, Vice President</b>		Date <b>2/20/06</b> (727) 449 1182
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone if</small>