2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000012914

1. Entity Name

SUNSET VILLAS OF CHIEFLAND, LLC

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING



FILED Feb 03, 2003 8:00 am Secretary of State 02-03-2003 90352 010 ****55.00

Principal Plac	e of Business	Mailing Address	Mailing Address					
			516 LAKEVIEW RD UNIT 8 CLEARWATER FL 33756-3302					
2. Principal Place of Business		3. Mailing Address	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES			
City & State		City & State	City & State		nber 59-3679404		pplied For ot Applicable	
Zip	Country	Zip	Country	5. Certifica	ate of Status Desired	\$5.00 Add Fee Require	ditional	
	6. Name and Address of Curren	t Registered Agent		7. Name a	nd Address of New Reg	jistered Agent		
F1 \21			Name					
	NN, THOMAS F		Street	Address (P.O. Boy Num	aher ie Not Acceptable)			
	Lakeview Rd., Unit 8 Arwater FL 33756-3302		Street Addre		ss (P.O. Box Number is Not Acceptable)			
CLE	MNWATER FL 33/36-3302							
			City	· · · · · ·		Zip Cod		
8. The above the obligati	named entity submits this statement fons of registered agent.	or the purpose of changing its	s registered office o	or registered agent, or t	ooth, in the State of Floric	la. I am familiar with,	and accept	
SIGNATURE _		•				•	}	
	Signature, typed or printed name of registered agen	t and title if applicable. (NOT	E: Registered Agent signs	iture required when reinstating)		DATE		
		FILE N	OW!!! FEE IS	\$50.00				
		Make Check Payab	le to Florida De	partment of State				
		Du	e By May 1, 200)3				
9.	MANAGING MEMB	ERS/MANAGERS	10.	*	ADDITIONS/CI	HANGES		
TITLE	MGR	☐ Delete	TITLE	MGR, P		⊠ Change	☐ Addition	
NAME	FLYNN, THOMAS F		NAME	, .			ļ	
STREET ADDRESS	516 LAKEVIEW RD., #8		STREET ADDRESS				[
CITY-ST-ZIP	CLEARWATER FL 33756		CITY-ST-ZIP					
TITLE		☐ Delete	TITLE	VP		☐ Change	🔀 Addition	
NAME			NAME	Kevin T. Fl				
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS	516 Lakevie				
			CITY-ST-ZIP	Clearwater,	FL 33756			
TITLE		☐ Delete	TITLE			☐ Change	Addition	
NAME			NAME					
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				ļ	
TITLE NAME		☐ Delete	TITLE NAME			☐ Change	Addition	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
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NAME		Delete	NAME			☐ Change	[_] Addition	
STREET ADDRESS		¥	STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			☐ Change	Addition	
NAME			NAME		,			
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			. CITY-ST-ZIP	<u> </u>				
indicated (ertify that the information supplied with on this report is true and accurate and illity company or the receiver or truste	i that my signature shall have	the same legal effe	ect as if made under oa	th: that I am a managing	rther certify that the in member or manager	nformation r of the	

MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Kevin T. Flynn, Vice President 1/22/03 727-449-1182