

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90768 049 ***150.00

DOCUMENT # 155200
1. Entity Name
SUNSET GOLF COURSE, INC.

10035402

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
5314 E. PALOMINO ROAD Suite, Apt. #, etc.		SAME Suite, Apt. #, etc.	
City & State		City & State	
PHOENIX, AZ			
Zip	Country	Zip	Country
85018	U.S.A.		

DO NOT WRITE IN THIS SPACE

4. FEI Number		Applied For	
59-0591393		Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 - Additional Fee Required	

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7. Name and Address of Current Registered Agent

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 _____ DATE _____
Signature, typed or printed of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE D/V/T NAME CARTWRIGHT, JAY STREET ADDRESS 5314 E. PALOMINO ROAD CITY-ST-ZIP PHOENIX, AZ 85018	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE D/V/S NAME CARTWRIGHT, FRASER STREET ADDRESS 5301 E. PALOMINO ROAD CITY-ST-ZIP PHOENIX, AZ 85018	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE D/P NAME MOHR, B.A.A. STREET ADDRESS 1630 SHERIDAN RD, #8C CITY-ST-ZIP WILMETTE, IL 60091	TITLE NAME STREET ADDRESS CITY - ST - ZIP
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: JAY A. CARTWRIGHT Date: 3-9-03 Daytime Phone #: 602 952-2509