


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 11, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L00000014639  
 1. Entity Name  
 SUN STATE INTERNATIONAL REAL ESTATE, LLC



Principal Place of Business      Mailing Address  
 6020 ADAMO DR                      6020 ADAMO DR  
 TAMPA, FL 33619                    TAMPA, FL 33619

**DO NOT WRITE IN THIS SPACE**



03252005 No Chg-LLC      CR2E083 (10/03)

4. FEI Number 59-3693112	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent  
 HORTON, OSCAR J  
 6020 ADAMO DR  
 TAMPA, FL 33619

**DO NOT WRITE IN THIS SPACE**

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 name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
 Due by May 1, 2005**

U000000299299  
 04/11/05-80103-005 55.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HORTON, OSCAR J 6020 ADAMO DR TAMPA, FL 33619
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HOCKEMEYER, KATHY J 6020 ADAMO DR TAMPA, FL 33619
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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11. 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 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 Kisha Freemy      Date 4/4/2005      Daytime Phone # 813-621-1381  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE