

# **2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000004741

**FILED**  
**Apr 19, 2005**  
**Secretary of State**

**Entity Name:** SUNRISE DEVELOPMENT LLC

**Current Principal Place of Business:**

349 NORTH US HWY 27  
CLERMONT, FL 34711

**New Principal Place of Business:**

349 NORTH US HWY 27  
CLERMONT, FL 34714

**Current Mailing Address:**

349 NORTH US HWY 27  
CLERMONT, FL 34711

**New Mailing Address:**

349 NORTH US HWY 27  
CLERMONT, FL 34714

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ALLYN, DAVID L MD  
349 NORTH US HWY 27  
CLERMONT, FL 34711 US

**Name and Address of New Registered Agent:**

ALLYN, DAVID L MD  
349 NORTH US HWY 27  
CLERMONT, FL 34714 US

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.

SIGNATURE: DAVID L ALLYN, MD

04/19/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: ALLYN, DAVID L M.D.  
Address: 349 NORTH U.S. HWY 27  
City-St-Zip: CLERMONT, FL 34711

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: DAVID L ALLYN, MD

MGR

04/19/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date