

FILED
Jul 09, 2002 8:00 am
Secretary of State

04-03-2002 90019 010 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000Q07971

1. Entity Name
SUNBYRNE DEVELOPMENT, LLC

Principal Place of Business
118 107 AVE.
TREASURE ISLAND FL 33706

Mailing Address
118 107 AVE.
TREASURE ISLAND FL 33706

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEIN Number
59-3727075

Applied For
Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BYRONE, LESUE W
118 107 AVE.
TREASURE ISLAND FL 33706

7. Name and Address of New Registered Agent

Name: LESUE W. BYRNE
Street Address (P.O. Box Number is Not Acceptable):
118 107th AVE
City: TREASURE ISLAND FL Zip Code: 33706

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME: Leslie W. Byrne, Vice Pres
STREET ADDRESS: 118 - 107th Ave.
CITY - ST - ZIP: Treasure Island, FL 33706

TITLE NAME: [Blank]
STREET ADDRESS: [Blank]
CITY - ST - ZIP: [Blank]

TITLE NAME: Gail A. Byrne, Pres
STREET ADDRESS: 118 - 107th Ave.
CITY - ST - ZIP: Treasure Island, FL 33706

TITLE NAME: [Blank]
STREET ADDRESS: [Blank]
CITY - ST - ZIP: [Blank]

TITLE NAME: [Blank]
STREET ADDRESS: [Blank]
CITY - ST - ZIP: [Blank]

TITLE NAME: [Blank]
STREET ADDRESS: [Blank]
CITY - ST - ZIP: [Blank]

TITLE NAME: [Blank]
STREET ADDRESS: [Blank]
CITY - ST - ZIP: [Blank]

TITLE NAME: [Blank]
STREET ADDRESS: [Blank]
CITY - ST - ZIP: [Blank]

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STREET ADDRESS: [Blank]
CITY - ST - ZIP: [Blank]

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CITY - ST - ZIP: [Blank]

TITLE NAME: [Blank]
STREET ADDRESS: [Blank]
CITY - ST - ZIP: [Blank]

TITLE NAME: [Blank]
STREET ADDRESS: [Blank]
CITY - ST - ZIP: [Blank]

CREATED (9/01)

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:

LESUE W. BYRNE

3/24/02 727-367-7177

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD MEMBER, MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Customer Phone #