## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L01000010716

1. Entity Name

SIGNATURE

## SUN COR DEVELOPMENT OF NORTHWEST FLORIDA, LLC.



**FILED** Feb 20, 2003 8:00 am Secretary of State 02-20-2003 90023 043 \*\*\*\*50.00

				W. Free	9				
Principal Place of Business 60 RIDGE RD SANTA ROSA BEACH FL 32459		Mailing Address P.O BOX 1693 SANTA ROSA BEACH FL 32459							
Place of Rusiness		2 Mailine Add		<u> </u>					
21 Timopar race of Business		3. Mailing Address				1811 811 88191 11911 <b>59</b> 111 66111	<b>Bo</b> nn <b>Bonn</b> Mai	1 <b>60</b> 111 1 <b>000</b> 1	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			_	☐ CHECK HERE	IF MAKING	CHANGE	s
City & State		City & State			4. FEI Nur	nber <b>59-373245</b> 0	0		Applied For
Cour	ntry	Zip	Cour	ntry	5. Certification	ate of Status Desired		\$5.00 A	
6. Name and Ac	egistered Agent			7. Name a	nd Address of New B			red	
				Name	17 1121110	THE PARTY OF THE PARTY	iegistereu A	gent	
RIDGE RD	Street Address			(P.O. Box Number is Not Acceptable)					
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				City	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		FL	Zip Co	de
			its register	ed office or registe	ered agent, or i	poth, in the State of Flo	rida. I am fa	ımiliar with	, and accep
Signature, typed or printed r	ame of registered agent and		DTE: Registere	d Agent signature requir	ed when reinstating)		DATE	··- ·· ·	
7 . F		FILE Make Check Paya	NOW!!! I	EE IS \$50.00 orida Departm					
MA	NAGING MEMBER:			., ., 2000		ADDITIONS /	CHANGED		·
MGRM								Channa	☐ Additio
701 BRICKELL A	VE., STE 3000		STRE	ET ADDRESS		• • •		onlarige	Additio
	<u> </u>	Dalata .							
BENSON, JAMES		Delete		i				Change	☐ Addition
701 BRICKELL AV MIAMI FL 33131	/E., STE 3000								
		☐ Delete	TITLE					- Change	Addition
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	Place of Business t. #, etc.  te  Cour  6. Name and Act ISON, JAMES RIDGE RD ITA ROSA BEACH e named entity submit tions of registered agr Signature, typed or printed in MCCARY, MARK 701 BRICKELL AV MIAMI FL 33131 MGRM BENSON, JAMES 701 BRICKELL AV TO BRICKELL A	Place of Business t. #, etc.  tte  Country  6. Name and Address of Current R  ISON, JAMES RIDGE RD  ITA ROSA BEACH FL 32459  e named entity submits this statement for titons of registered agent.  Signature, typed or printed name of registered agent and MCCARY, MARK  701 BRICKELL AVE., STE 3000  MIAMI FL 33131  MGRM  BENSON, JAMES  701 BRICKELL AVE., STE 3000	BEACH FL 32459  P.O. BOX 1693 SANTA ROSA BEACH FL  Place of Business  3. Mailing Address  L. #, etc.  Suite, Apt. #, etc.  City & State  Country  Zip  6. Name and Address of Current Registered Agent  ISON, JAMES RIDGE RD  ITA ROSA BEACH FL 32459  P.O. BOX 1693 SANTA ROSA BEACH FL  Signature, Apt. #, etc.  Signature, Apt. #, etc.  INDEED TO THE PROPERTY OF THE PROP	BEACH FL 32459  P.O. BOX 1693 SANTA ROSA BEACH FL 32459  Place of Business  3. Mailing Address  L. #, etc.  City & State  Country  Zip  Cour  6. Name and Address of Current Registered Agent  ISON, JAMES RIDGE RD  ITA ROSA BEACH FL 32459  Place and entity submits this statement for the purpose of changing its registered tions of registered agent.  Signature, typed or printed name of registered agent and title if applicable.  (NOTE Registered FILE NOW!!! Make Check Payable to Fice Due By Maxe Check Payable to Fic	P.O. BOX 1893 SANTA ROSA BEACH FL 32459  Place of Business  3. Mailing Address L. #, etc.  Suite, Apt. #, etc.  Country  Country  City & State  Country  City  Street Address  Street Address  City  C	BEACH FL 32459  Piace of Business  3. Maliting Address Life, etc.  Suite, Apt. #, etc.  City & State  Country  Zip  Country  S. Certific.  6. Name and Address of Current Registered Agent Name  Street Address (P.O. Box Nun  TA ROSA BEACH FL 32459  City  City	Place of Business  3. Mailing Address L. #, otc.  Suite, Apt. #, etc.  City & State  Country  Zip  Country  Zip  Country  Zip  Country  5. Certificate of Status Desired  6. Name and Address of Current Registered Agent  Namo  Street Address (P.O. Box Number is Not Acceptable  City  Street Address (P.O. Box Number is Not Acceptable  City  Spanson, byed or printed rules of agent and the if applicable.  Page 11 Place of Business  ROSE Registered agent, or both, in the State of Fic.  Squanton, byed or printed rules of agent and the if applicable.  PRICE Registered Agent agent and the interprinted Registered Agent of Place or Registered Agent age	PO BOX 1683 SANTA ROSA BEACH FL 32459  Piace of Business  3. Mailing Address  Suite, Apt. #, etc.   CHECK HERE IF MAKING  L. #, etc.   CHECK HERE IF MAKING  Country   Zip   Country   5. Certificate of Status Desired    6. Name and Address of Current Registered Agent   Name  8. Name and Address of Current Registered Agent   Name  8. Name and Address of New Registered Agent   Name  8. Name and Address of New Registered Agent   Name  8. Name and Address of New Registered Agent   Name  8. Street Address (P.O. Box Number is Not Acceptable)    City   FL  8. Street Address (P.O. Box Number is Not Acceptable)    City   FL  9. Street Address (P.O. Box Number is Not Acceptable)    City   FL  9. Street Address (P.O. Box Number is Not Acceptable)    City   FL  9. Street Address (P.O. Box Number is Not Acceptable)    City   FL  9. Street Address (P.O. Box Number is Not Acceptable)    City   FL  9. Street Address (P.O. Box Number is Not Acceptable)    City   FL  9. Street Address (P.O. Box Number is Not Acceptable)    City   FL  10. Supplement Agent's speaker required when remeating)    NATE   FLE NOW!!! FEE IS \$50.00  Make Check Payable to Floridad Department of State    10. ADDITIONS/CHANGES    10. ADDITIONS/CHANGES    10. ADDITIONS/CHANGES    10. STREET ADDRESS    10	PO BOX 1830 SANTA ROSA BEACH FL 32459  Picce of Business  3. Meiling Address  4. FEI Number 59-3732450  Country  Zip  Country  Zip  Country  5. Certificate of Status Desired Fee Requi  SON, JAMES BIOSE RD  City & State  City & State  City & State  City & State  Country  Street Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Co  City  City  FL  Zip Co  Make Check Payable to Florida Department of both, in the State of Florida. I am familiar with floris of registered agent.  FILE NOW!!! FEE IS \$50.00  Make Check Payable to Florida Department of State  Due By May 1, 2003  MANIAGING MEMBERS/MANAGERS  10. ADDITIONS/CHANGES  MILE  MAKE  MILE  MAKE  TO I BRICKELL AVE., STE 3000  MAMIF I 33131  MGRN  MGRN