

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90016 024 ****50.00

DOCUMENT # L01000013717

1. Entity Name

SUNSET HOMES, L.L.C.

Principal Place of Business

**5610 DEAUVILLE COURT
 CAPE CORAL FL 33904**

Mailing Address

**5610 DEAUVILLE COURT
 CAPE CORAL FL 33904**

2. Principal Place of Business

1222 SE. 47th St.

3. Mailing Address

1222 S.E. 47th St.

Suite, Apt. #, etc.

201

Suite, Apt. #, etc.

201

City & State

Cape Coral FL

City & State

Cape Coral FL

Zip

33904

Country

USA

Zip

33904

Country

USA

4. FEI Number

65-1133581

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BONE, ROBERT E JR.
 % COTTRELL, WARCHOL, MERCHANT AND ROLLING
 1633 SE 47TH TERRACE
 CAPE CORAL FL 33904**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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 ☐ Delete
 NAME **MGRM**
 STREET ADDRESS **GILES, DAVID S**
 CITY-ST-ZIP **5610 DEAUVILLE COURT
 CAPE CORAL FL 33904**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

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

Date

Daytime Phone #

4/9/02 (941) 541-7711

CR2E083 (9/01)