

2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 SEP -8 AM 10: 04

DOCUMENT # L01000020121 1. Entity Name SUNSET COVE, LLC					
Principal Place of Business 3280 S. ATLANTIC AVENUE SUITE A DAYTONA BEACH SHORES, FL 32118 US			Mailing Address 3280 S. ATLANTIC AVENUE SUITE A DAYTONA BEACH SHORES, FL 32118 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		07262005 Chg-LLC CR2E083 (10/03)	
City & State		City & State		4. FEI Number 59-3759607	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MACK, JAMES R 3280 S. ATLANTIC AVENUE SUITE A DAYTONA BEACH SHORES, FL 32118				7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>James R Mack</u> (NOTE: Registered Agent signature required when reinstating) DATE _____					
Amended AR is \$50.00				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MACK, JAMES R 3280 S. ATLANTIC AVENUE SUITE A DAYTONA BEACH SHORES, FL 32118	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VOLUSIA REALTY PARTNERS, LLC 3280 S. Atlantic Avenue, Suite A Daytona Beach Shores, FL 32118	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KOCH, ALLAN 3280 S. ATLANTIC AVENUE SUITE A DAYTONA BEACH SHORES, FL 32118	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KENNETH D. GOODMAN, TRUSTEE GOODMAN 2000 IRREVOCABLE TRUST dated JANUARY 31, 2000 3838 Tamiami Trail North, Suite 300 Naples, FL 34103	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	600060050726 09/28/05--01054--020 **50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>James R Mack</u> Date <u>9/4/05</u> Daytime Phone # _____					