


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 26, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L02000005345  
 1. Entity Name  
 SUNSET CENTER LLC



Principal Place of Business % FLAGLER REALTY & DEVELOPMENT INC. 505 S. FLAGLER DR., SUITE 1010 WEST PALM BEACH, FL 33401	Mailing Address % FLAGLER REALTY & DEVELOPMENT INC. 505 S. FLAGLER DR., SUITE 1010 WEST PALM BEACH, FL 33401
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**DO NOT WRITE IN THIS SPACE**

01052005No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-1031664	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, SCOTT  
 % FLAGLER REALTY & DEVELOPMENT INC.  
 505 S. FLAGLER DR., SUITE 1010  
 WEST PALM BEACH, FL 33401

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**Filing Fee is \$50.00 Due by May 1, 2005**


9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST JOHNSON, RICHARD S JR 505 S. FLAGLER DRIVE, STE 1010 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P JOHNSON, SCOTT A 505 S. FLAGLER DRIVE, SUITE 1010 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP KOENIG, PATRICK 505 S. FLAGLER DRIVE, STE 1010 WEST PALM BEACH, FL 33401
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UD0000332078  
 04/26/05-80044-018 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  Scott A. Johnson 4/22/05 561-655-7200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #