


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 07, 2006 8:00 am
Secretary of State

03-07-2006 90244 028 ****50.00

DOCUMENT # L02000005345 1. Entity Name SUNSET CENTER LLC	
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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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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

03022006 Chg-LLC CR2E083 (11/05)

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	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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4. FEI Number 65-1031664 65-0652563	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required


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, 2006		Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE	ST	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHNSON, RICHARD S JR			NAME			
STREET ADDRESS	505 S. FLAGLER DRIVE, STE 1010			STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH, FL 33401			CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHNSON, SCOTT A			NAME			
STREET ADDRESS	505 S. FLAGLER DRIVE, SUITE 1010			STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH, FL 33401			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KOENIG, PATRICK			NAME			
STREET ADDRESS	505 S. FLAGLER DRIVE, STE 1010			STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH, FL 33401			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  3-3-06 561-655-7200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #