


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 23, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L02000005345</b> 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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DO NOT WRITE IN THIS SPACE



03152007No Chg-LLC		CR2E083 (11/05)	
4. FEI Number 65-0652563	Applied For	Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> 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, 2007

9. MANAGING MEMBERS/MANAGERS	
TITLE	ST
NAME	JOHNSON, RICHARD S JR
STREET ADDRESS	505 S. FLAGLER DRIVE, STE 1010
CITY - ST - ZIP	WEST PALM BEACH, FL 33401
TITLE	P
NAME	JOHNSON, SCOTT A
STREET ADDRESS	505 S. FLAGLER DRIVE, SUITE 1010
CITY - ST - ZIP	WEST PALM BEACH, FL 33401
TITLE	VP
NAME	KOENIG, PATRICK
STREET ADDRESS	505 S. FLAGLER DRIVE, STE 1010
CITY - ST - ZIP	WEST PALM BEACH, FL 33401
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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000000723930  
05/02/07-30091-006 50.00

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:** \_\_\_\_\_

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