


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 07, 2008 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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02072008 No Chg-LLC CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0652563	Applied For Not Applicable
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5. Certificate of Status Desired  **\$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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

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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U00000850245  
 03/21/08-80056-012 138.75

**DO NOT WRITE IN THIS SPACE**

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: 2/29/08

Daytime Phone # \_\_\_\_\_