

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000005345

Entity Name: SUNSET CENTER LLC

FILED  
Apr 13, 2009  
Secretary of State

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 65-0652563      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: ST ( ) Delete  
Name: JOHNSON, RICHARD S JR  
Address: 505 S. FLAGLER DRIVE, STE 1010  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: P ( ) Delete  
Name: JOHNSON, SCOTT A  
Address: 505 S. FLAGLER DRIVE, SUITE 1010  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: VP ( ) Delete  
Name: KOENIG, PATRICK  
Address: 505 S. FLAGLER DRIVE, STE 1010  
City-St-Zip: WEST PALM BEACH, FL 33401

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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

P

04/13/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date