## 2004 LIMITED LIABILITY COMPANY

## Mar 09, 2004 8:00 am ANNUAL REPORT **Secretary of State DOCUMENT # L02000009962** 03-09-2004 90296 021 \*\*\*\*50.00 SUNWARD MANOR LLC Mailing Address Principal Place of Business 2955 OVERSEAS HIGHWAY 2955 OVERSEAS HIGHWAY MARATHON, FL 33050 MARATHON, FL 33050 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02072004 CR2E083 (10/03) Chg-LLC Applied For 4. FEI Number City & State City & State 02-0591135 Not Applicable Country \$5.00 Additional Zip Country 5. Certificate of Status Desired Fee Required \_\_\_ 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WOLFE, JOHN J Street Address (P.O. Box Number is Not Acceptable) 2955 OVERSEAS HIGHWAY MARATHON, FL 33050 Zip Code City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2004 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. **MGRM** ☐ Delete TITLE ☐ Change Addition TITLE NORMANDIN, PETER J NAME NAME 60 EDRO ISLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WESTMINSTER, MA 01473 TITLE MGRM ☐ Delete TITLE ☐ Change ☐ Addition NORMANDIN, DENNIS P NAME NAME 60 EDRO ISLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WESTMINSTER, MA 01473 TITLE Thange : Addition TITLE Delete ---NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 type receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

STREET ADDRESS

roim SIGNATURE: SIGNATURE AND TYPED OR NTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

STREET ADDRESS CITY-ST-ZIP

**FILED**