2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Apr 19, 2005 8:00 am Secretary of State **DOCUMENT # L02000009962** 04-19-2005 90018 006 ****50.00 SUNWARD MANOR LLC Principal Place of Business Mailing Address 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. 01062005 CR2E083 (10/03) Applied For City & State City & State 4. FEI Number 02-0591135 Not Applicable Country Zip Country . Zip \$5.00 Additional 5. Certificate of Status Desired Fee Required-7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make check payable to Filing Fee is \$50.00 Due by May 1, 2005 Florida Department of State ADDITIONS/CHANGES 9. MANAGING MEMBERS/MANAGERS 10. MGRM ☐ Change ☐ Addition TITLE ☐ Delete TITLE NORMANDIN, PETER J NAME NAME 60 EDRO ISLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WESTMINSTER, MA 01473 CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE NORMANDIN, DENNIS P NAME NAME STREET ADDRESS STREET ADDRESS 60 FDRO ISLE CITY-ST-ZIP WESTMINSTER, MA 01473 CITY-ST-ZIP Delete Change -Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 of the receiver or trusted empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED