


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000012075</b> 1. Entity Name NORTH AMERICAN SUNBURST LLC	
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Principal Place of Business 4361 CORPORATE SQUARE DR. NAPLES, FL 34104	Mailing Address 4361 CORPORATE SQUARE DR. NAPLES, FL 34104
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**DO NOT WRITE IN THIS SPACE**



01142004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 39-1358092	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  GLEN OAK LUMBER & MILLING, INC. 4361 CORPORATE SQUARE DR NAPLES, FL 34104
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**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 reappointing) \_\_\_\_\_ DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2004**

9. MANAGING MEMBERS / MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TALBOT, TOM N2885 CTY F MONTELLO, WI 53949
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TABLOT, TARA N2885 CTY F MONTELLO, WI 53949
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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.

<b>SIGNATURE:</b> 	1-19-04	608-297-2161
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #