

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000017807

FILED
Apr 30, 2004
Secretary of State

Entity Name: SUNSET CONCEPTS II, L.L.C.

Current Principal Place of Business:

11595 KELLY RD.
FORT MYERS, FL 33907

New Principal Place of Business:

12730 NEW BRITTANY BLVD
205
FORT MYERS, FL 33907

Current Mailing Address:

11595 KELLY RD.
FORT MYERS, FL 33907

New Mailing Address:

12730 NEW BRITTANY BLVD
205
FORT MYERS, FL 33907

FEI Number: 01-0736780

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOUS, GREGG A
11595 KELLY RD.
FORT MYERS, FL 33907

Name and Address of New Registered Agent:

FOUS, GREGG A
12730 NEW BRITTANY BLVD
205
FORT MYERS, FL 33907

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:

04/30/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: FOUS, GREGG A
Address: 11595 KELLY RD.
City-St-Zip: FORT MYERS, FL 33907

Title: MGR () Delete
Name: FOUS, GAIL S
Address: 11595 KELLY RD.
City-St-Zip: FORT MYERS, FL 33907

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: FOUS, GREGG A
Address: 12730 NEW BRITTANY BLVD
City-St-Zip: FORT MYERS, FL 33907

Title: MGR (X) Change () Addition
Name: FOUS, GAIL S
Address: 12730 NEW BRITTANY BLVD
City-St-Zip: FORT MYERS, FL 33907

I hereby certify that the information supplied with this filing does not qualify for the 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 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: GREGG A FOUS

MGR

04/30/2004

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