2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2003 8:00 am
Secretary of State
02-17-2003 90010 031 ****50.00

DOCUMENT # L02000027976

1. Entity Name
SUNSET MANAGEMENT LLC

Principal Place of Business	Mailing Address
895 10TH STREET SOUTH SUITE 201 NAPLES FL 34102	895 10TH STREET SOUTH SUITE 201 NAPLES FL 34102

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
909 10th Street South	909 10th Street South
Suite, Apt. #, etc.: Suite 101	Suite, Apt. #, etc.: Suite 101
City & State: Naples, FL	City & State: Naples, FL
Zip: 34102 — Country: USA	Zip: 34102 — Country: USA

4. FEI Number ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
SWANSON, JOHN C
895 10TH STREET SOUTH
SUITE 201
NAPLES FL 34102

7. Name and Address of New Registered Agent
Name: John C. Swanson
Street Address (P.O. Box Number is Not Acceptable): 909 10th Street South
Suite 101
City: Naples, FL Zip Code 34102

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 ________ John C. Swanson, Member President 2/24/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		Delete
TITLE	Member / President	☐ Delete
NAME	John C. Swanson	
STREET ADDRESS	909 10th St S, Ste. 101	
CITY-ST-ZIP	Naples, FL 34102	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

10. ADDITIONS/CHANGES

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		Change	Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change	☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change	☐ Addition

CR2E063 (10/02)

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

SIGNATURE: X SIGNATURE REQUIRED 2/24/03 239-643-7855
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #
John C. Swanson, President