2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2005
Secretary of State

DOCUMENT# L02000034424

Entity Name: SUNSET POINTE DEVELOPMENT, L.L.C.

Current Principal Place of Business:

413 WILLIAMS AVENUE
PORT ST. JOE, FL 32456

New Principal Place of Business:

Current Mailing Address:

PO BOX 98
PORT ST. JOE, FL 32457

New Mailing Address:

FEI Number: 47-0902184 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COSTIN, CHARLES A
413 WILLIAMS AVENUE
PORT ST. JOE, FL 32456 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: COSTIN, CHARLES A
Address: PO BOX 98
City-St-Zip: PORT ST. JOE, FL 32457

Title: MGR ( ) Delete
Name: SHOAF, STUART
Address: PO BOX 772
City-St-Zip: PORT ST. JOE, FL 32457

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: CHARLES A. COSTIN MGRM 04/12/2005

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