2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000000501

FILED Apr 23, 2004 8:00 am Secretary of State 04-07-2004 90349 032 ****50.00

SUNSET HARBOR OF CRESCENT BEACH, LLC							9					
Principal Place of Business ONE INDEPENDENT DRIVE #1710				Mailing Address ONE INDEPENDENT DRIVE #1710			34003981					
JACKSONVILLE, FL 32202 US				JACKSONVILLE, FL 32202 US								
2. Principal Place of Business				3. Mailing Address							183 III 1881.	
Suite, Apt. #, etc.				Suite, Apt. #, etc.			04062004	Chg-LLC	CR2E08	3 (10/03)		
City & State				City & State			4. FEI Numb	4. FEI Number 43 - 1991820 Applied For Not Applicable				
Zıp		Country		Zip Countr		itry	5. Certificate	of Status Desired		5.00 Addi		
	÷ 6;-Name	and Address of C	urrent Re	_==7::Name and	7: Name and Address of New Registered Agent							
MANN, SEAN D 14 LA VISTA DR.				Street Address			(P.O. Box Number is Not Acceptable)					
PONTE VEDRA BEACH, FL 32082				11177			2					
•_				Ciny			rarte	0 1	FL	Zip Code		
8. The above named entity submitted his 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 figure.												
SIGNATURE Signature (spentral printed name of registered agent and stile if applicable (NOTE: Registered Agent algorithm required when reinstating) DATE												
Filing Fee is \$50.00 Due by May 1, 2004									ike check pa In Departme			
9.			MEMBERS	S/MANAGERS	10.			ADDITIONS	CHANGES	5.		
TITLE ,	MGRA Sean	D. Mann	al.,	Delete	TITL NAM		P			☐ Change	Addition	
Sean D. Mann SINEERADDRESS 4122 Ponte Vedra Blo CITY-SI-ZIP Tacksonville Beach,				e. EL 32250	STRI CITY	EET ADDRESS -ST-ZIP						
TITLE	PQ			☐ Delete	TATE.	1				☐ Change	☐ Addition	
NAME STREET ADDRESS					MAN STR	EET ADIDRESS						
CITY-ST-ZIP	<u> </u>			☐ Delete		-ST-RP	 ·			☐ Change	☐ Addition	
TITLE NAME	·	٠.		-	NAM	ı€ -	.:· ·		-	orange		
STREET ADORESS - City: S1-71P —	 -	·- - ·				EET ADORESS	· · ·				<u> </u>	
TITLE NAME				☐ Delete	TITL NAA			p*	·	Change	Addition	
STREET ADDRESS					STR	EET ADDRESS						
CITY-SI-ZIP TITLE				☐ Delete		Y-S1-ZIP E				Change	Addition	
HAME STREET ADDRESS	,				NA	€ EET ADORESS			•		_	
CITA-21-516		_				-ST-ZIP						
TITLE Y		-		☐ Delete	TITL NACE	1	•			☐ Change	Addition	
STREET ADDRESS	A.C.	. :			SIR	EET ADDRESS						
CITY-SI-ZIP	enily that th	e information supp	led with th	nis filing does not qua	lify for the exe	emption stated in	Section 119.07(3)(i), Florida Statutes	. I further certi	fy that the in	formation	
indicated on this report is true and accourate and that my signature shall have the same legal effect as it made under oath; that I am a managing member or manager of the limited liability company or the receiver or frustee empowered to execute this report as required by Chapter 608. Florida Statutes.												
0.00.47	1185		9, 1	1 //h		Name	16.6	4/6/04	904	2944	174	
SIGNAT	SIGNATURE	SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGENG MEMBER, MANAGENG OR AUTHORIZED REPRESENTATIVE Date Deprint Pront of										