

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 09, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000001716 1. Entity Name SUNRISE BEACH PROPERTIES, LLC	
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Principal Place of Business 2800 HILL STREET NEW SMYRNA BEACH, FL	Mailing Address JAMES J. EVANGELISTA 2815 W. MORRISON AVE. TAMPA, FL 33629
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04032005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FCI Number NOT APPLICABLE	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent EVANGELISTA, JAMES J 501 E. KENNEDY BLVD., STE. 1700 TAMPA, FL 33602
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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 _____
Signature typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent Signature Required when reappointing) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM EVANGELISTA, JIM 2815 W. MORRISON AVE. TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR OWEN, MICHAEL 3815 SAVOY DR. PALM CITY, FL 34990
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR OWEN, TODD 2210 PALM VIEW DR. APOPKA, FL 32712
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR OWEN, BRITT 1784 E. CHERYL DR. WINTER PARK, FL 32792
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR EVANGELISTA, REBECCA 2815 W. MORRISON AVE. TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

1000100296339 04/09/05-80064-008 50.00 DO NOT WRITE IN THIS SPACE
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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)(f), 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 808, Florida Statutes.

SIGNATURE: Rebecca Evangelista 4-7-05 813/165-0626
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #