2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

7/9/2(

FILED
Jul 23, 2004 8:00 am
Secretary of State
07-09-2004 90091 038 ****50.00

DOCUMENT # L03000014622

1. Entity Name
SUNSET GULF, L.L.C.

Principal Place of Business	Mailing Address
6025 CARLTON LAKES BLVD. NAPLES, FL 34110	6025 CARLTON LAKES BLVD. NAPLES, FL 34110

07062004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
		6704 Lone Oak BLVD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State NAPLES FL	
Zip	Country	Zip 34109	Country USA

4. FEI Number 06-1717429 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
STERLING, JACK 6025 CARLTON LAKES BLVD. NAPLES, FL 34110	Name Street Address (P.O. Box Number is Not Acceptable) 6704 Lone Oak BLVD City NAPles FL Zip Code 34109

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] JACK J. STERLING 7/6/04
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by September 8, 2004

Make check payable to Florida Department of State

9.	MANAGING MEMBERS/MANAGERS		10.	ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CLAUSSEN, ROBERT G 6025 CARLTON LAKES BLVD. NAPLES, FL 34110	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] Mgr Robert G. Claussen 7/6/04 239-566-9067
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #