

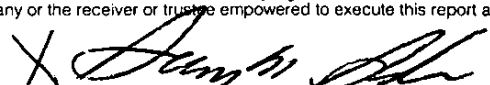


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Sep 01, 2005 8:00 am**  
**Secretary of State**

09-01-2005 90051 022 \*\*\*\*50.00

<b>DOCUMENT # L03000015269</b> 1. Entity Name <b>SUNQUEST DEVELOPMENT COMPANY, LLC</b>					
Principal Place of Business <b>450 BAYSHORE PLACE, UNIT #4203 NAPLES, FL 34102</b>			Mailing Address <b>450 BAYSHORE PLACE, UNIT #4203 NAPLES, FL 34102</b>		
2. Principal Place of Business <b>2910 Crayton Rd</b> Suite, Apt. #, etc.		3. Mailing Address <b>410 Beuthun + Beuthun CAA</b> Suite, Apt. #, etc. <b>07560 Indian Trails</b>			
City & State <b>Naples FL</b>		City & State <b>Charlevoix MI</b>		4. FEI Number <b>NOT APPLICABLE</b>	
Zip <b>#34103</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>GORDON, GARY 450 BAYSHORE PLACE, UNIT #4203 NAPLES, FL 34102</b>				7. Name and Address of New Registered Agent Name <b>Gordon, Gary</b> Street Address (P.O. Box Number is Not Acceptable) <b>2910 Crayton Rd</b> City <b>Naples</b> <b>FL</b> Zip Code <b>34103</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>Filing Fee is \$50.00 Due by September 7, 2005</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GORDON, GARY 450 BAYSHORE PLACE, UNIT #4203 NAPLES, FL 34102	TITLE NAME STREET ADDRESS CITY-ST-ZIP	mgr Gordon, Gary 2910 Crayton Rd Naples FL 34103		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE:</b> 			8/27/05 239-825-0287		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		