

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 06, 2004 8:00 am
Secretary of State

04-06-2004 90131 007 ****50.00

DOCUMENT # L03000020071	
1. Entity Name SUNSET KEY LLC	

Principal Place of Business 1100 LINTON BOULEVARD SUITE C-9 DELRAY BEACH, FL 33444 US	Mailing Address 1100 LINTON BOULEVARD SUITE C-9 DELRAY BEACH, FL 33444 US
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24036311

2. Principal Place of Business 1001 E. Atlantic Ave	3. Mailing Address 1000 Market Street
Suite, Apt. #, etc. Suite 202	Suite, Apt. #, etc. Suite 300
City & State Delray Beach, FL	City & State Portsmouth, NH
Zip 33483	Zip 03801
Country US	Country US



03222004 Chg-LLC CR2E083 (10/03)

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

6. Name and Address of Current Registered Agent CRITCHFIELD, RICHARD H 1100 LINTON BOULEVARD SUITE C-7 DELRAY BEACH, FL 33444	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 _____

Filing Fee is \$50.00 Due by May 1, 2004	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Mark Walsh 1001 E. Atlantic Ave Delray Beach, FL 33483	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Michael Walsh 1001 E. Atlantic Ave Delray Beach, FL 33483	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Richard C. Adz 1000 Market Street Portsmouth, NH 03801	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: <i>Michael Walsh</i>	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Michael Walsh	Date 3/22/04	Daytime Phone # (561) 279-9900
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