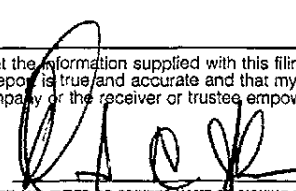


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                          |                                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # L03000020071</b><br>1. Entity Name<br>SUNSET KEY LLC                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                          |  |
| Principal Place of Business<br>1001 E. ATLANTIC AVE.<br>SUITE 202<br>DELRAY BEACH, FL 33483 US                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                          | Mailing Address<br>1000 MARKET STREET<br>SUITE 300<br>PORTSMOUTH, NH 03801 US     |
| <b>DO NOT WRITE IN THIS SPACE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                          |                                                                                   |
| 6. Name and Address of Current Registered Agent<br><br>CRITCHFIELD, RICHARD H<br>1100 LINTON BOULEVARD<br>SUITE C-7<br>DELRAY BEACH, FL 33444                                                                                                                                                                                                                                                                                                                                                            |                                                                          | <b>DO NOT WRITE<br/>IN THIS SPACE</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.<br><br>SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____                                                                             |                                                                          |                                                                                   |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2006</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                          |                                                                                   |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                          |                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | MGR<br>WALSH, MARK<br>1001 E. ATLANTIC AVE.<br>DELRAY BEACH, FL 33483    |                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | MGR<br>WALSH, MICHAEL<br>1001 E. ATLANTIC AVE.<br>DELRAY BEACH, FL 33483 |                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | MGR<br>ADE, RICHARD C<br>1000 MARKET STREET<br>PORTSMOUTH, NH 03801      |                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                          |                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                          |                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                          |                                                                                   |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  <u>Richard C. Ade, Manager</u> 1/24/06 (603)<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small> Date: Daytime Phone # 559-2100                                                                                                                                                                                                                |                                                                          |                                                                                   |



01202006No Chg-LLC

CR2E083 (11/05)

|                                                           |                                |
|-----------------------------------------------------------|--------------------------------|
| 4. FEI Number<br>59-3794737                               | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

1000000530553  
05/06/06-80002-003 50.00

**DO NOT WRITE  
IN THIS SPACE**