2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L03000020071

1. Entity Name
SUNSET KEY LLC

Principal Place of Business	Mailing Address
1001 E. ATLANTIC AVE. SUITE 202 DELRAY BEACH, FL 33483 US	1000 MARKET STREET SUITE 300 PORTSMOUTH, NH 03801 US

01202006 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3794737
☐ 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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	WALSH, MARK
STREET ADDRESS	1001 E. ATLANTIC AVE.
CITY-ST-ZIP	DELRAY BEACH, FL 33483
TITLE	MGR
NAME	WALSH, MICHAEL
STREET ADDRESS	1001 E. ATLANTIC AVE.
CITY-ST-ZIP	DELRAY BEACH, FL 33483
TITLE	MGR
NAME	ADE, RICHARD C
STREET ADDRESS	1000 MARKET STREET
CITY-ST-ZIP	PORTSMOUTH, NH 03801
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/08/06-80002-003 50.00

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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: _____ Richard C Ade, Manager 1/24/06 (603)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone # 559-2100