

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 23, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000020071**

1. Entity Name  
**SUNSET KEY LLC**



Principal Place of Business  
**1001 E. ATLANTIC AVE.  
SUITE 202  
DELRAY BEACH, FL 33483 US**

Mailing Address  
**1000 MARKET STREET  
SUITE 300  
PORTSMOUTH, NH 03801 US**



01212008 No Chg-LLC

CR2E083 (12/07)

**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**

**DO NOT WRITE  
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

000000915639  
05/09/08-80024-005 138.75

**9. MANAGING MEMBERS/MANAGERS**

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

**DO NOT WRITE  
IN THIS SPACE**

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 609, Florida Statutes.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**RICHARD C. ADE  
MANAGER**

Date

1/30/08

Daytime Phone #

603-552-2100