

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90455 045 ****50.00

DOCUMENT # L03000026512

1. Entity Name

SUNSET KEY PROPERTIES, LLC



Principal Place of Business

120 IVY LAKES DRIVE
JACKSONVILLE FL 32259

Mailing Address

PMB 182, 445 SR 13, #26
JACKSONVILLE FL 32259

24049956



MOORE

CR2E083 (11/03)

2. Principal Place of Business

PMB 450 445 SR 13, #26

Suite, Apt. #, etc.

3. Mailing Address

PMB 450 445 SR 13, #26

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32259

Country

USA

City & State

Jacksonville, FL

Zip

32259

Country

USA

4. FEI Number

45-0518756

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

JIMENEZ, MARCIA
120 IVY LAKES DRIVE
JACKSONVILLE FL 32259

7. Name and Address of New Registered Agent

Name

Marcia Jimenez

Street Address (P.O. Box Number is Not Acceptable)

PMB 450, 445 SR 13, #26

City

Jacksonville

FL

Zip Code

32259

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

Marcia Jimenez Marcia Jimenez

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

(NOTE: Registered Agent signature required when reinstating)

4-19-2004

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME JIMENEZ, MARCIA
STREET ADDRESS 120 IVY LAKES DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32259

TITLE MGRM ☐ Delete
NAME JIMENEZ, MAURICIO
STREET ADDRESS 120 IVY LAKES DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32259

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS PMB 450, 445 SR 13, #26
CITY-ST-ZIP Jacksonville, FL. 32259 Address only

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS PMB 450, 445 SR 13, #26
CITY-ST-ZIP Jacksonville, FL. 32259 Address only

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Marcia Jimenez Marcia Jimenez

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

4-19-2004

DATE

904 287-9760

Daytime Phone #