

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED

2004 NOV 23 AM 8:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L03000034154

1. Entity Name  
SUNSET BEACH OF OCEAN RIDGE, LLC



Principal Place of Business  
2996 NORWAY PINE LANE  
LANTANA, FL 33462

Mailing Address  
2996 NORWAY PINE LANE  
LANTANA, FL 33462

2. Principal Place of Business  
11861 Hawk Hollow  
Suite, Apt. #, etc.

3. Mailing Address  
11861 Hawk Hollow  
Suite, Apt. #, etc.

City & State  
Lake Worth FL 33467

City & State  
Lake Worth FL 33467

Zip  
33467

Country  
U.S.A.

Zip  
33467

Country  
U.S.A.

09102004 Chg-LLC CR2E083 (10/03)

4. FEI Number  
20-0210703

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145

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 *Marc John Bill* DATE

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00  
Due by September 8, 2004

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BILL, MARC-JOHN 2996 NORWAY PINE LANE LANTANA, FL 33462 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11861 Hawk Hollow Lake Worth FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HART, HELEN C 2996 NORWAY PINE LANE LANTANA, FL 33462 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11861 Hawk Hollow Lake Worth FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900041908249 10/15/04--01091--015 **\$5.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition REINSTATEMENT
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 150.00

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: *Marc John Bill* MARC-John Bill MGR 10/9/04 561-877-2561

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

November 1, 2004

SUNSET BEACH OF OCEAN RIDGE, LLC  
11861 HAWK HOLLOW  
LAKE WORTH, FL 33467

SUBJECT: SUNSET BEACH OF OCEAN RIDGE, LLC  
Ref. Number: L03000034154

We have received your document for SUNSET BEACH OF OCEAN RIDGE, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fees to reinstate the limited liability company are as follows: \$100.00 reinstatement fee; \$50.00 filing fee per year for the years 2004 through 2004; and \$5.00 for each certificate of status requested (optional). Therefore, the total amount due at this time is \$150.00.

Pursuant to section 607.1422(1)(b), 617.1422(1)(b), or 608.4482, Florida Statutes, your designated registered agent must acknowledge the designation by signing in the appropriate block of the form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6913.

Diane Cushing  
Document Specialist

Letter Number: 604A00062572

~~(and Reinstatement Fee)~~  
please waive the late fee, due to our area being  
A disaster area during the period that the  
document was due.

Thank you.

Marc-John Bill