2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000035916

1. Entity Name
SUNSET PARADISE, LLC

Principal Place of Business	Mailing Address
1220 ROXMERE ROAD TAMPA, FL 33629	200 E KENNEDY BLVD STE 1111 TAMPA, FL 33602

DO NOT WRITE IN THIS SPACE

01072008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number		Applied For
59-2396423		Not Applicable

5. Certificate of Status Desired   ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

F & L CORP.
ONE INDEPENDENT DRIVE
SUITE 1300
JACKSONVILLE, FL 32202

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SILCOX, FRANK C
STREET ADDRESS	201 E. KENNEDY BLVD., STE 1111
CITY-ST-ZIP	TAMPA, FL 33602

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01/22/08-80012-015 138.75

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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: _Frank C.Silcox_   _Frank C. Silcox_   _1-11-08_   _813-209-0004_

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