Jul-12-04 01:58P BREVARD ACCOUNTING GROUP

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Aug 03, 2004 8:00 am
Secretary of State
07-15-2004 90049 005 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000037513

1. Entity Name
SUNDANCE HILL, LLC
Sundance Hill LLC

34000001

Principal Place of Business	Mailing Address
300 MAGNOLIA AVENUE SUITE D MERRITT ISLAND, FL 32952 US	300 MAGNOLIA AVENUE SUITE D MERRITT ISLAND, FL 32952 US

07092004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
300 MAGNOLIA AVE STE D	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc
City & State: MERRITT ISLAND, FL.	City & State
Zip: 32952 County: BREVARD	Zip / Country

4. FEI Number: 20-0639458 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
STAHLEY, DANA 300 MAGNOLIA AVENUE SUITE D MERRITT ISLAND, FL 32952	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 ______ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE ______

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	Manager PATRICIA MOORE 300 MAGNOLIA AVE Ste D MERRITT ISLAND FL 32952 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Pat Moore 7-12-04

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

Attachment 34009691

[redacted]

#L03000037513

July 2, 2004

Division of Corporations
Annual Reports Section
P.O. Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

Please find enclosed our company's check for $ 50.00 to cover the annual corporation fee for 2004.

The reason for the late filing is that we did not receive the original report. This is also the first report we have filed.

Based on the above reason, we ask for the penalties to be waived.

Thank you for your consideration.

Pat Moore

Sundance Hill, LLC