

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000037930

Entity Name: PLACE IN THE SUN, LLC

FILED
Feb 11, 2004
Secretary of State

Current Principal Place of Business:

2670 SOUTH MCCALL ROAD
UNIT 12, HERON PLAZA
ENGLEWOOD, FL 34224

New Principal Place of Business:

Current Mailing Address:

2670 SOUTH MCCALL ROAD
UNIT 12, HERON PLAZA
ENGLEWOOD, FL 34224

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHEA, JOHN J
2940 SOUTH TAMiami TRAIL
SARASOTA, FL 34239 US

Name and Address of New Registered Agent:

CROUCH, HAZEL E
15 CLUBHOUSE ROAD
ROTONDA WEST, FL 33947 US

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.

SIGNATURE: HAZEL CROUCH

02/11/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: CROUCH, HAZEL
Address: 15 CLUBHOUSE ROAD
City-St-Zip: ROTONDA WEST, FL 33947

Title: MGR () Delete
Name: CROUCH, PAUL
Address: 15 CLUBHOUSE ROAD
City-St-Zip: ROTONDA WEST, FL 33947

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CROUCH, HAZEL
Address: 15 CLUBHOUSE ROAD
City-St-Zip: ROTONDA WEST, FL 33947

Title: MGRM (X) Change () Addition
Name: CROUCH, PAUL
Address: 15 CLUBHOUSE ROAD
City-St-Zip: ROTONDA WEST, FL 33947

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: HAZEL CROUCH

MGRM

02/11/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date