2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Mar 28, 2005 8:00 am Secretary of State DOCUMENT # L03000045790 03-28-2005 90286 035 ****50.00 SUNSET DEVELOPERS, L.L.C. Principal Place of Business Mailing Address 121 ROSE LANE 20 OAK PLACE PANAMA CITY BEACH, FL 32413 NORTH CALDWELL, NJ 07006 Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 02212005 Chg-LLC CR2E083 (10/03) City & State City & State 4. FEI Number Applied For 20-0494905 Not Applicable Zio Country Zio Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HESS, BRIAN D Street Address (P.O. Box Number is Not Acceptable) 9108 FRONT BEACH ROAD PANAMA CITY BEACH, FL 32407 Zip Code FL 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. Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGR TITLE TITLE NAMÉ GRAZIOSO, ANTHONY S NAME STREET ADDRESS 20 OAK PLACE STREET ADDRESS NORTH CALDWELL, NJ 07006 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Defete TITI F ☐ Change ☐ Addition SANTANGELO, WILLIAM J NAME NAME STREET ADDRESS 1 OAK RIDGE STREET ADDRESS CITY-ST-7IP NORTH CALDWELL, NJ 07006 CITY-ST-7IP TITLE Delete TITLE ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-7IP Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-7IP ☐ Delete ☐ Change TITLE TITLE . Addition

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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.

NAME

STREET ADDRESS CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

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