

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000008596

FILED
Apr 24, 2007
Secretary of State

Entity Name: SUNSET DEVELOPMENT GROUP OF POLK, LLC

Current Principal Place of Business:

MR. F. THOMAS USTLER
236 PASADENA PLACE
ORLANDO, FL 32803

New Principal Place of Business:

Current Mailing Address:

MR. F. THOMAS USTLER
236 PASADENA PLACE
ORLANDO, FL 32803

New Mailing Address:

FEI Number: 76-0750446

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSTAMANTE, ALBERTO S III ESQ
BAKER HOSTETLER
200 S. ORANGE AVE., SUITE 2300
ORLANDO, FL 32802 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: USTLER, F. THOMAS
Address: 236 PASADENA PLACE
City-St-Zip: ORLANDO, FL 32803

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Change (X) Addition
Name: BUSTAMANTE, ALBERTO S
Address: 17761 DEER ISLE CIRCLE
City-St-Zip: WINTER GARDEN, FL 34787

Title: MGRM () Change (X) Addition
Name: KERN, CHRIS
Address: 500 N. MAITLAND AVE., SUITE 100
City-St-Zip: MAITLAND, FL 32751

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: F. THOMAS USTLER

MGRM

04/24/2007

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