



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90372 042 ****50.00

DOCUMENT # L04000010346 1. Entity Name FLORIDA SUNSET, LLC					
Principal Place of Business 22392 WESTCHESTER BLVD. PORT CHARLOTTE, FL 33980 US				Mailing Address 22392 WESTCHESTER BLVD. PORT CHARLOTTE, FL 33980 US	
2. Principal Place of Business 10487 PRINCESS CT Suite, Apt. #, etc.		3. Mailing Address 10487 PRINCESS CT Suite, Apt. #, etc.			
City & State PUNTA GORDA Zip 33955 Country FL		City & State PUNTA GORDA Zip 33955 Country FL		04212005 Chg-LLC CR2E083 (10/03) 4. FEI Number 20-0695728 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent ANTHONY OLSON, P.A. 2121 MAIN STREET SUITE C SARASOTA, FL 34237	
7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HASENKAMP, JUERGEN 22392 WESTCHESTER BLVD. PORT CHARLOTTE, FL 33980 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HASENKAMP, JUERGEN 10487 PRINCESS CT. PUNTA GORDA, FL 33955 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HASENKAMP, GABRIELE 22392 WESTCHESTER BLVD. PORT CHARLOTTE, FL 33980 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HASENKAMP, GABRIELE 10487 PRINCESS CT PUNTA GORDA FL 33955 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: J. Hasenkamp J. HASENKAMP 04/29/05 941-505-2895 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					