2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 08, 2007 8:00 am Secretary of State

						Secretary of State			
DOCUMENT # L04000014493 1. Entity Name SUNBAR PLACE, LLC					01-08-2007 90209 029 ****55.00				
Principal Place 9540 SE POII JUPITER, FL	NT TERRACE	Mailing Address 9540 SE POINT TERR JUPITER, FL 33469	9540 SE POINT TERRACE			200 00227			
	ace of Business - No P.O. Praissance L #, etc.	ce Way							
Boynt City & State	on Beach F	Suite, Apt. #, etc. Box 1 for B City & State	eac	h FL	01032007		CR2E083	Applied Fo	
Zip 334	Country OSF	Zip 33424	33424 Country U.S.A			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			
BARREUTHER, ELIZABETH V 9540 SE POINT TERRACE JUPITER, FL 33469				Name Bozic, Elizabeth V. Street Address (P.O. Box Number is Not Acceptable) 1.312 Benaissance Way Boynton Beach City FL Zip Sode					
the obligati	ons of registered agent.	statement for the purpose of changing it		ed office or register		th, in the State of Flor		iliar with, and acc	
Filing Fee is \$50.00 Due by May 1, 2007							check paya Department		
9.	MANAG	ING MEMBERS/MANAGERS	10.			ADDITIONS/	CHANGES		
TITLE NAME STREET ADDRESS	MGRM BARREUTHER, ELIZA 9540 SE POINT TERR		TITL! NAM STRI	E BOZ	em ic, Eliz	abeth V.	Na.	Change 🔲 Add	

JUPITER, FL 33469 CITY-ST-ZIP CITY-ST-ZIP MGRM TITLE Detete TITLE ☐ Addition BARREUTHER, CRAIG M NAME NAME 9540 SE POINT TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JUPITER, FL 33469 CITY-ST-ZIP MGRM TITLE ☐ Detete ☐ Change ■ Addition NAME BOZIC, ROBERT G NAME STREET ADDRESS 9540 SE POINT TERRACE STREET ADDRESS CITY-ST-ZIP JUPITER, FL 33469 CITY-ST-ZIP TIBLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ■ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P MLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 cath; 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: 1.3.07 561.310.8701

SIGNATURE AND TYPES DRIPPRINTED HAME OF SIGNING MANAGING MANAGING MANAGER, OR AUTHORIZED REPRESENTATIVE DISE DRIPTING FOODS #