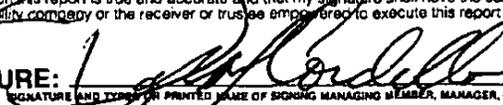


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

4/ **FILED**  
**Jun 20, 2005 8:00 am**  
**Secretary of State**

04-07-2005 90091 045 \*\*\*\*50.00

|   |   |   |  |   |
|---|---|---|--|---|
| <b>DOCUMENT # L04000019800</b>  |   |   |  |  |
| 1. Entity Name<br>OCEAN SUNRISE ASSOCIATES LLC  |   |   |  |   |
| Principal Place of Business<br>12800 UNIVERSITY DRIVE, STE. 400<br>FORT MYERS, FL 33907   |   | Mailing Address<br>12800 UNIVERSITY DRIVE, STE. 400<br>FORT MYERS, FL 33907 |  |   |
| 2. Principal Place of Business  |   | 3. Mailing Address  |  |   |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.   |  |   |
| City & State  |   | City & State  |  |   |
| Zip   | Country   | Zip   | Country  |   |
| 6. Name and Address of Current Registered Agent   |   |   |  | 7. Name and Address of New Registered Agent                                       |
| CALLAHAN, W. SCOTT<br>37 N. ORANGE AVE., SUITE 200<br>ORLANDO, FL 32801-3388  |   |   |  | Name  |
|   |   |   |  | Street Address (P.O. Box Number is Not Acceptable)                                |
|   |   |   |  | City <span style="float:right">FL</span> 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 re-registering) _____ DATE _____  |   |   |  |   |
| Filing Fee is \$50.00<br>Due by May 1, 2005   |   | Make check payable to<br>Florida Department of State                        |  |   |
| 9. MANAGING MEMBERS/MANAGERS  |   |   |  | 10. ADDITIONS/CHANGES   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | Doug Cordella VP<br>12800 University Drive #400<br>Fort Myers, FL 33907 | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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)(f), 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:   |   |   |  | Date: 6-1-05  |
| SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |   |   |  | Daytime Phone #   |

20-00  
30009586  
