


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90426 012 ****50.00

DOCUMENT # L04000039631

1. Entity Name
DEVELOPERS OF SUNSET HOUSE CONDOMINIUM, LLC



Principal Place of Business Mailing Address
3895 S. MCCALL ROAD **3895 S. MCCALL ROAD**
ENGLEWOOD FL 34224 **ENGLEWOOD FL 34224**
US **US**

2. Principal Place of Business 3. Mailing Address
50 BUCCANNEER BEND Suite, Apt. #, etc.

City & State City & State
PLACIDA, AL Suite, Apt. #, etc.

Zip Country Zip Country
33946 *US*

4. FEI Number Applied For
20-1210464 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required



1st MOORE CR2E083 (10/05)

6. Name and Address of Current Registered Agent
STURGES, ERNEST W JR.
18501 MURDOCK CIRCLE
SUITE 501
PORT CHARLOTTE FL 33948

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 _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BAUMANN, RICHARD W 3895 S. MCCALL ROAD ENGLEWOOD FL 34224 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BERGERON, JAMES E 3895 S. MCCALL ROAD ENGLEWOOD FL 34224 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>50 BUCCANNEER BEND</i> <i>PLACIDA, FL 33946</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>50 BUCCANNEER BEND</i> <i>PLACIDA FL 33946</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 exemptions contained in Section 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 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: *Richard W. Baumann* *2/12/06* *941-830-0038*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #