

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Jan 13, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # L04000043090**

**1. Entity Name  
SUNSET PROPERTIES, LLC**



**Principal Place of Business  
104 HOMEPORT DRIVE  
PALM HARBOR, FL 34683**

**Mailing Address  
104 HOMEPORT DRIVE  
PALM HARBOR, FL 34683**



01052006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number  
20-1356415**

**Applied For  
Not Applicable**

**5. Certificate of Status Desired**



**\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**LOWENSTEIN, KATHRYN L  
104 HOMEPORT DRIVE  
PALM HARBOR, FL 34683**

**DO NOT WRITE  
IN THIS SPACE**

**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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

**TITLE MGR  
NAME LOWENSTEIN, KATHRYN L  
STREET ADDRESS 104 HOMEPORT DRIVE  
CITY-ST-ZIP PALM HARBOR, FL 34683**

**TITLE MGR  
NAME LOWENSTEIN, MITCHELL B  
STREET ADDRESS 104 HOMEPORT DRIVE  
CITY-ST-ZIP PALM HARBOR, FL 34683**

**TITLE MGR  
NAME BORELL, MARTIN  
STREET ADDRESS 1135 SKYE LANE  
CITY-ST-ZIP PALM HARBOR, FL 34683**

**TITLE MGR  
NAME BORELL, JANIE  
STREET ADDRESS 1135 SKYE LANE  
CITY-ST-ZIP PALM HARBOR, FL 34683**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

U00000385717  
01/18/06-80027-013 50.00

**DO NOT WRITE  
IN THIS SPACE**

**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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/5/2006 727  
492 0070  
Date Daytime Phone #