

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90063 020 \*\*\*\*50.00

**DOCUMENT # L04000048644**

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



Principal Place of Business  
**7501 WEST HILLSBOROUGH AVE.  
TAMPA, FL 33615**

Mailing Address  
**7501 WEST HILLSBOROUGH AVE.  
TAMPA, FL 33615**

**DO NOT WRITE IN THIS SPACE**



04132006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
**61-1472711**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

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

**GREGORY, WILLIAM P  
715 SWANN AVE.  
TAMPA, FL 33606**

**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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
8085 GULF CORP.  
7501 W. HILLSBOROUGH AVE.  
TAMPA, FL 33615**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
A & T MANAGING & DEVELOPING, LLC  
12710 CASEY ROAD  
TAMPA, FL 33618**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**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

*Valid Saba*

*4/26/06*

Date

*727-946-8041*

Daytime Phone #