

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000048656

Entity Name: FL SUNDOWNER, LLC

FILED  
Apr 12, 2007  
Secretary of State

**Current Principal Place of Business:**

476 BATH CLUB BOULEVARD N.  
NORTH REDINGTON BEACH, FL 33708

**New Principal Place of Business:**

1010 BEACH TRAIL  
INDIAN ROCKS BEACH, FL 33785

**Current Mailing Address:**

476 BATH CLUB BOULEVARD N.  
NORTH REDINGTON BEACH, FL 33708

**New Mailing Address:**

PO BOX 86582  
MADEIRA BEACH, FL 33738

FEI Number: 20-1310378

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

STEELE, KATHLEEN M  
476 BATH CLUB BOULEVARD N  
NORTH REDINGTON BEACH, FL 33708 US

**Name and Address of New Registered Agent:**

FISHER & SAULS, P.A.  
100 2ND AVE SOUTH  
SUITE 701  
ST. PETERSBURG, FL 33701 US

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.

SIGNATURE: BRIAN D. TREBY ESQ.

04/12/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: STEELE, KATHLEEN M  
Address: 476 BATH CLUB BOULEVARD N  
City-St-Zip: N REDINGTON BEACH, FL 33708

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: STEELE, KATHLEEN M  
Address: 1010 BEACH TRAIL  
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: KATHLEEN M. STEELE

MGRM

04/12/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date