

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90212 040 ****55.00

DOCUMENT # L04000058197

1. Entity Name
SUNNY PALM BAY CONSTRUCTION, LLC



Principal Place of Business
**202 N. HARBOR CITY BOULEVARD STE. 200
MELBOURNE, FL 32935**

Mailing Address
**202 N. HARBOR CITY BOULEVARD STE. 200
MELBOURNE, FL 32935**

40031611



2. Principal Place of Business

3. Mailing Address

854 KAYS POINT ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03292005 Chg-LLC CR2E083 (10/03)

City & State

City & State

LAKE OZARK MO

4. FEI Number

37-1366657

Applied For

Not Applicable

Zip

Country

Zip

Country

65049

USA

5. Certificate of Status Desired ☒

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SUTCH, CHRISTINA B
202 N. HARBOR CITY BOULEVARD STE. 200
MELBOURNE, FL 32935**

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

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, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
HARRISON'S LAKE OZARK DEVELOPMENT COMPANY
202 N. HARBOR CITY BOULEVARD STE. 200
MELBOURNE, FL 32935**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**854 KAYS POINT ROAD
LAKE OZARK, MO 65049**

☒ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change

☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

(ROBERT C. HARRISON)

4/4/05

573-365-6298

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

Date

Daytime Phone #