2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2007 08:00 A
Secretary of State

DOCUMENT # L04000062369

1. Entity Name
SUNSEEKERS INVESTMENT GROUP, LLC

Principal Place of Business	Mailing Address
4669 CARLYN DR PACE, FL 32571 US	4669 CARLYN DR PACE, FL 32571 US

04132007No Chg-LLC CR2E083 (11/05)

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4. FEI Number
54-2158442
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

POPELESKI, DANIEL L
4669 CARLYN DR
PACE, FL 32571

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2007

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	POPELESKI, DANIEL L
STREET ADDRESS	4669 CARLYN DR
CITY-ST-ZIP	PACE, FL 32571
TITLE	MGRM
NAME	RAINES, KEITH
STREET ADDRESS	4702 CARLYN DR
CITY-ST-ZIP	PACE, FL 32571
TITLE	MGRM
NAME	POPELESKI, JUDITH L
STREET ADDRESS	4669 CARLYN DR
CITY-ST-ZIP	PACE, FL 32571
TITLE	MGRM
NAME	RAINES, JANET
STREET ADDRESS	4702 CARLYN DR
CITY-ST-ZIP	PACE, FL 32571
TITLE	MGRM
NAME	NORTHCUTT, STEVEN G
STREET ADDRESS	5449 ROWE TRAIL
CITY-ST-ZIP	PACE, FL 32571
TITLE	MGRM
NAME	NORTHCUTT, FELICIA F
STREET ADDRESS	5449 ROWE TRAIL
CITY-ST-ZIP	PACE, FL 32571

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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: Daniel L. Popeleski DANIEL L. POPELESKI 4-14-07 8509947166
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #