2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 06, 2008
Secretary of State

DOCUMENT# L04000062369

Entity Name: SUNSEEKERS INVESTMENT GROUP, LLC

Current Principal Place of Business:

4669 CARLYN DR
PACE, FL 32571 US

New Principal Place of Business:

Current Mailing Address:

4669 CARLYN DR
PACE, FL 32571 US

New Mailing Address:

FEI Number: 54-2158442 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

POPELESKI, DANIEL L
4669 CARLYN DR
PACE, FL 32571 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	POPELESKI, DANIEL L	
Address:	4669 CARLYN DR	
City-St-Zip:	PACE, FL 32571	
Title:	MGRM	( ) Delete
Name:	RAINES, KEITH	
Address:	4702 CARLYN DR	
City-St-Zip:	PACE, FL 32571	
Title:	MGRM	( ) Delete
Name:	POPELESKI, JUDITH L	
Address:	4669 CARLYN DR	
City-St-Zip:	PACE, FL 32571	
Title:	MGRM	( ) Delete
Name:	RAINES, JANET	
Address:	4702 CARLYN DR	
City-St-Zip:	PACE, FL 32571	
Title:	MGRM	( ) Delete
Name:	NORTHCUTT, STEVEN G	
Address:	5449 ROWE TRAIL	
City-St-Zip:	PACE, FL 32571	
Title:	MGRM	( ) Delete
Name:	NORTHCUTT, FELICIA F	
Address:	5449 ROWE TRAIL	
City-St-Zip:	PACE, FL 32571	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify 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: DANIEL L. POPELESKI MGRM 05/06/2008

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