2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 25, 2005 8:00 am
Secretary of State
01-18-2005 90178 004 ****50.00

DOCUMENT # L04000078044

1. Entity Name
SUNSET PROPERTY GROUP, LLC

Principal Place of Business	Mailing Address
222 SE 5TH PLACE CAPE CORAL, FL 33990	222 SE 5TH PLACE CAPE CORAL, FL 33990

01132005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
1211 MIRAMAR STREET	1211 MIRAMAR STREET
Suite, Apt. #, etc.: UNIT 3	Suite, Apt. #, etc.: UNIT 3
City & State: CAPE CORAL, FL	City & State: CAPE CORAL, FL
Zip: 33904 Country: USA	Zip: 33904 Country: USA

4. FEI Number: 32-0132086 ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BUSINESS FILINGS INCORPORATED
660 EAST JEFFERSON STREET
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

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: ________ 1.13.05
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 PETERSON, JEREMY 222 SE 5TH PLACE CAPE CORAL, FL 33990 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: ________ 1.13.05 239 851 3356
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #