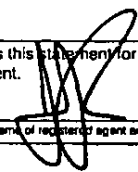
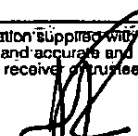


FILED
Mar 25, 2005 8:00 am
Secretary of State

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DOCUMENT # L04000078044		Secretary of State 01-18-2005 90178 004 ****50.00	
1. Entity Name SUNSET PROPERTY GROUP, LLC			
Principal Place of Business 222 SE 5TH PLACE CAPE CORAL, FL 33990		Mailing Address 222 SE 5TH PLACE CAPE CORAL, FL 33990	
2. Principal Place of Business 1211 MIRAMAR STREET UNIT 3 CAPE CORAL, FL 33904 USA		3. Mailing Address 1211 MIRAMAR STREET UNIT 3 CAPE CORAL, FL 33904 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:  DATE: 1.13.05	
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		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS 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:  DATE: 1.13.05 239 851 3356			