

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 SEP 21 AM 9:25

DOCUMENT # L04000081737 1. Entity Name SUNSPREE BUILDERS, LLC	
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Principal Place of Business 97 GRANDE AVENUE SANTA ROSA BEACH, FL 32459	Mailing Address 97 GRANDE AVENUE SANTA ROSA BEACH, FL 32459
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2. Principal Place of Business 38 Dorado Ct Suite, Apt. #, etc.	3. Mailing Address 38 Dorado Ct Suite, Apt. #, etc.
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City & State Santa Rosa Beach FL	City & State Santa Rosa Beach FL	Zip 32459	Country US
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07132005	Chg-LLC	CR2E083 (10/03)	
4. FEI Number			<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable

6. Name and Address of Current Registered Agent MCNEESE, RICHARD S 36468 EMERALD COAST PARKWAY SUITE 1201 DESTIN, FL 32451	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGRM <input type="checkbox"/> Delete NAME GAITHER, JOEL S STREET ADDRESS 97 GRANDE AVENUE CITY-ST-ZIP SANTA ROSA BEACH, FL 32459		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP 300059870913 09/22/05--01040--002 **150.00	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	

REINSTATEMENT 2005

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 606, Florida Statutes.

SIGNATURE: *Joel S Gaither* 9-1-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #