

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000013407

Entity Name: SUNRISE/SUNSET, LLC

FILED  
Apr 28, 2006  
Secretary of State

**Current Principal Place of Business:**

140 GRIFFIN AVENUE  
PORT ST. JOE, FL 32456

**New Principal Place of Business:**

1752 LILAC LANE  
ST GEORGE ISLAND, FL 32328

**Current Mailing Address:**

P.O. BOX 630  
PORT ST. JOE, FL 32328

**New Mailing Address:**

P.O. BOX 630  
EASTPOINT, FL 32328

FEI Number: 20-3890221

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MOODY, JOHN R  
1752 LILAC LANE  
ST GEORGE ISLAND, FL 32328 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: MOODY, SANDRA D  
Address: P.O. BOX 1210  
City-St-Zip: PORT ST. JOE, FL 32457

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: MOODY, JOHN R  
Address: 1752 LILAC LANE  
City-St-Zip: ST GEORGE ISLAND, FL 32328

I hereby certify that the information supplied with this filing does not qualify for the 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: DELIA G TILLMAN

CPA

04/28/2006

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