

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 21, 2007 8:00 am**  
**Secretary of State**

02-21-2007 90102 045 \*\*\*\*50.00

<b>DOCUMENT # L05000017376</b>					
<b>1. Entity Name</b> SUWANNEE SUNSET CONDOMINIUMS, LLC					
<b>Principal Place of Business</b> 552 SW MANATEE TERR FT WHITE, FL 32038			<b>Mailing Address</b> 552 SW MANATEE TERR FT WHITE, FL 32038		
<b>2. Principal Place of Business - No P.O. Box #</b> 498 SW MANATEE TERR		<b>3. Mailing Address</b> 498 SW MANATEE TERR			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> Ft. White FL		<b>City &amp; State</b> Ft. White FL		<b>4. FEI Number</b> 20-2513243	
<b>Zip</b> 32038		<b>Country</b> Columbia		<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				02162007 Chg-LLC CR2E083 (12/06)	
<b>6. Name and Address of Current Registered Agent</b>  BARCIA, PAUL P SR 552 SW MANATEE TERR FT WHITE, FL 32038			<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) 498 SW MANATEE TERR City Ft. White FL Zip Code 32038		
<b>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.</b> SIGNATURE <u>Paul P. Barcia Sr.</u> DATE <u>2/18/07</u> <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2007</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	MGRM BARCIA, PAUL P SR 552 SW MANATEE TERR FT WHITE, FL 32038	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	ST BARCIA, ANN R 552 SW MANATEE TERR FORT WHITE, FL 32038	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	    	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	    	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	    	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	    	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			

**11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** Paul P. Barcia Sr. 2/20/07 386-497-4770  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #