
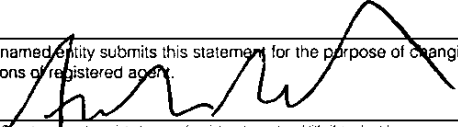


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90355 034 ****50.00

DOCUMENT # L05000048418			
1. Entity Name SUNSET ISLES, LLC			
Principal Place of Business 1750 NORTH FLORIDA MANGO ROAD SUITE # 200 WEST PALM BEACH, FL 33409		Mailing Address 1750 NORTH FLORIDA MANGO ROAD SUITE # 200 WEST PALM BEACH, FL 33409	
2. Principal Place of Business - No P.O. Box # 4611 Okeechobee Blvd Suite, Apt. #, etc. 110		3. Mailing Address 4611 Okeechobee Blvd. Suite, Apt. #, etc. 110	
City & State WPB, FL		City & State WPB, FL	
Zip 33417		Country Palm Beach	
6. Name and Address of Current Registered Agent INTEGRITY DEVELOPMENT, LLC 1750 NORTH FLORIDA MANGO ROAD SUITE # 200 WEST PALM BEACH, FL 33409		7. Name and Address of New Registered Agent Name: INTEGRITY DEVELOPMENT, LLC Street Address (P.O. Box Number is Not Acceptable) 4611 Okeechobee Blvd, #110 City: WPB, FL Zip State: 33417	
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 		ANDREW MACK PRESIDENT 4/6/07	
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM INTEGRITY DEVELOPMENT LLC 1750 NORTH FLORIDA MANGO ROAD, #200 WEST PALM BEACH, FL 33409 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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01092007 Chg-LLC CR2E083 (12/06)

4. FEI Number 61-1489462 Applied For Not Applicable

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

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:  ANDREW MACK 4/6/07 501-721-9373