2006 LIMITED LIABILITY COMPANY

ANNUAL REPORT



DOCUMENT # L05000053078

, ×

1. Entity Name

FILED

Apr 20, 2006 8:00 am Secretary of State

04-20-2006 90036 033 ****50.00

SUNSET HILLS OF CENTRAL FLORIDA, L.L.C. 20033776 Principal Place of Business Mailing Address 1420 SOUTH FLORIDA AVE. 1420 SOUTH FLORIDA AVE. LAKELAND, FL 33803 LAKELAND, FL 33803 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03022006 Chg-LLC CR2E083 (11/05) City & State City & State 4. FEI Number Applied For 1-3750949 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HARPER, PAUL S 1420 SOUTH FLORIDA AVE. Street Address (P.O. Box Number is Not Acceptable) LAKELAND, FL 33803 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES Mar TITL F Delete TITLE ☐ Change ☐ Addition Harper, Paul S 1420 S. Florida Avenue NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP <u>lakeland, FL 33803</u> CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Delete Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE . ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITI F T Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP

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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Paul Secon Har De SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4//2/04 Date

Daytime Phone #