2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 01, 2006 8:00 am Secretary of State

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|---|--|--|---|--|-------------------------------|--|--|--|
| DOCUMENT # L05000062100 1. Entity Name SUN VISTA DUNEDIN, LLC | | | | | | 047 049 ****50 | | |
| | | Mailing Address 475 CENTRAL AVENUE THE KRESS BUILDING, S ST. PETERSBURG, FL 3 | | 11001071 | TII TAIRF BIIU TAIK TAIK TAIK | | 18/19 (14/1 89 (| |
| 2. Principal Place of Business | | 3. Mailing Address | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 01192006 | Chg-LLC | CR2E083 (11/05 |) | |
| City & State | | City & State | | 4. FEI Num | -303568i | | Applied For Not Applicable | |
| Zip | Country | Zip | Country | | te of Status Desired | S5.00 A | | |
| | 6. Name and Address of Current | Registered Agent | | 7. Name ar | d Address of New Re | gistered Agent | | |
| SUN VISTA DEVELOPMENT GROUP, LLC | | | Name | Name | | | | |
| 475 CENTRAL AVENUE SUITE 205 | | | Street Addr | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| ST. PETER | RSBURG, FL 33701 | | | | | | | |
| | | | City | | | FL Zip Co | de | |
| | named entity submits this statement folions of registered agent. | r the purpose of changing its r | egistered office or req | gistered agent, or b | oth, in the State of Flori | da. I am familiar with | n, and accept | |
| SIGNATURE . | | | | | | | | |
| 0.0 | Signature, typed or printed name of registered agent | and title if applicable. (NOTE: | Registered Agent signature re | equired when reinstating) | | DATE | | |
| Fi | Signature, typed or printed name of registered agent string Fee is \$50.00 ue by May 1, 2006 | and title if applicable. (NOTE. | Registered Agent signature re | equired when reinstating) | | check payable to Department of Sta | | |
| Fi | iling Fee is \$50.00 | | Registered Agent signature re | equired when reinstating) | | check payable to Department of Sta | | |
| Fit De | iling Fee is \$50.00 ue by May 1, 2006 | RS/MANAGERS Delete | | equired when reinstating) | Florida | check payable to Department of Sta | ite | |
| 9. TITLE NAME | iling Fee is \$50.00 ue by May 1, 2006 MANAGING MEMBE MGR LODER, JOHN | RS/MANAGERS Delete | 10. TITLE NAME | equired when reinstating) | Florida | check payable to Department of Sta CHANGES | ite | |
| 9. TITLE NAME STREET ADDRESS | MANAGING MEMBE MGR LODER, JOHN 475 CENTRAL AVENUE, SUITE | RS/MANAGERS Delete | 10. TITLE NAME STREET ADDRESS | equired when reinstating) | Florida | check payable to Department of Sta CHANGES | Addition | |
| 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | MANAGING MEMBE MGR LODER, JOHN 475 CENTRAL AVENUE, SUITE | RS/MANAGERS Delete 205 | TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE | equired when reinstating) | Florida | check payable to Department of Sta CHANGES Change | Addition Addition | |
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11. I hereby certify that the information supplied with this thing 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.

STREET ADDRESS

SIGNATURE:

STREET ADDRESS

MATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #