


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90077 021 \*\*\*\*50.00

<b>DOCUMENT # L05000079422</b>	
1. Entity Name <b>SUNSET APARTMENTS II, LLC</b>	

Principal Place of Business <b>1201 HELEN ST. CASSELBERRY, FL 32708 US</b>	Mailing Address <b>P.O. BOX 180355 CASSELBERRY, FL 32718 US</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04242007 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent	
<b>KENNEDY, LOAN B 100 TECHNOLOGY PARK SUITE 170 LAKE MARY, FL 32746</b>	

7. Name and Address of New Registered Agent	
Name <b>Richard S. Casselberry</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>1201 Helen Street</b>	
City <b>Casselberry</b>	FL Zip Code <b>32708</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.


SIGNATURE  **Richard S. Casselberry** DATE **4-27-2007**  
(NOTE: Registered Agent signature required when reinstating)

**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	<b>MGRM CASSELBERRY, LEONARD 1201 HELEN ST. CASSELBERRY, FL 32708</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR CASSELBERRY, LEONARD 1201 Helen Street Casselberry, FL 32708</b> <input checked="" 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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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:  **Leonard Casselberry** DATE **4-27-2007** DAYTIME PHONE # **4076950114**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**Leonard Casselberry MGR**