2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000079422

1. Entity Name
SUNSET APARTMENTS II, LLC

Principal Place of Business	Mailing Address
1201 HELEN ST. CASSELBERRY, FL 32708 US	P.O. BOX 180355 CASSELBERRY, FL 32718 US

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CASSELBERRY, RICHARD S
1201 HELEN ST
CASSELBERRY, FL 32708

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

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

2/11/2008
V 5362

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	CASSELBERRY, LEONARD
STREET ADDRESS	1201 HELEN ST.
CITY-ST-ZIP	CASSELBERRY, FL 32708
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Leonard Casselberry Mgr*   *2/11/2008*   *407 6950114*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #

6UUU9410

02112008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number	Applied For
NOT APPLICABLE	Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

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