2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L05000081667

1. Entity Name
SUN CITY EAST LLC

Principal Place of Business	Mailing Address
6005 SANDHILL RIDGE DRIVE	PO BOX 3337
LITHIA, FL 33547	RIVERVIEW, FL 33567-3337

DO NOT WRITE IN THIS SPACE

04172007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
20-3400511	Not Applicable

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

6. Name and Address of Current Registered Agent

GONZALEZ, SONIA I
6005 SANDHILL RIDGE DRIVE
LITHIA, FL 33547

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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, 2007

U00000724162
05/02/07-80098-023 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	GONZALEZ, SONIA I
STREET ADDRESS	6005 SANDHILL RIDGE DRIVE
CITY-ST-ZIP	LITHIA, FL 33547
TITLE	MGRM
NAME	GONZALEZ, EDWARD L
STREET ADDRESS	8356 HIDDEN WATER CIRCLE
CITY-ST-ZIP	RIVERVIEW, FL 33569
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	

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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: _Sonia Gonzalez_ (SONIA GONZALEZ)   4/17/07   813-571-9403

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