


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-30-2007 90077 040 ****50.00

DOCUMENT # L05000084566 1. Entity Name SUNSET BAY LLC					
Principal Place of Business 418 MARINER DRIVE JUPITER, FL 33477			Mailing Address 418 MARINER DRIVE JUPITER, FL 33477		
2. Principal Place of Business - No P.O. Box # 138 Sunset Bay Dr.		3. Mailing Address 138 Sunset Bay Dr.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Palm Beach Gardens, FL		City & State Palm Beach Gardens, FL		4. FEI Number 20-3369887	
Zip 33418		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SHAPIRO, IRWIN 418 MARINER DRIVE JUPITER, FL 33477		7. Name and Address of New Registered Agent Name Shapiro, Irwin Street Address (P.O. Box Number is Not Acceptable) 138 Sunset Bay Dr. City Palm Beach Gardens FL Zip Code 33418			
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 Irwin Shapiro DATE 4/28/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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	MGRM SHAPIRO, IRWIN 418 MARINER DRIVE JUPITER, FL 33477	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Shapiro, Irwin 138 Sunset Bay Dr. Palm Beach Gardens, FL 33418	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: Irwin Shapiro <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
<small>Date</small>				<small>Daytime Phone #</small>	