
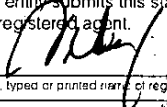
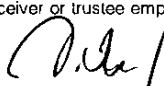


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 19, 2007 8:00 am**  
**Secretary of State**

04-19-2007 90030 005 \*\*\*\*50.00

<b>DOCUMENT # L05000095800</b> 1. Entity Name <b>SUWANNEE SUNSET PROPERTIES LLC</b>					
Principal Place of Business <b>212 SOUTH MAGNOLIA AVE. TAMPA FL 33606</b>				Mailing Address <b>212 SOUTH MAGNOLIA AVE. TAMPA FL 33606</b>	
2. Principal Place of Business - No P.O. Box # <b>315 N. Main St.</b> Suite, Apt. #, etc.		3. Mailing Address <b>PO Box 725</b> Suite, Apt. #, etc.			
City & State <b>Chiefland, FL</b>		City & State <b>Chiefland, FL</b>		4. FEI Number <b>03-0572312</b>	
Zip <b>32626</b>		Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>TATE, MARK T 212 SOUTH MAGNOLIA AVE. TAMPA FL 33606</b>		7. Name and Address of New Registered Agent Name <b>Jim King Realty, Inc. - Doug King</b> Street Address (P.O. Box Number is Not Acceptable) <b>315 N. Main St.</b> City <b>Chiefland</b> <b>FL</b> Zip Code <b>32626</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  <b>Doug King - President</b> <span style="float: right;">4/10/07</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2007</b>					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM KING, DOUG 315 N MAIN ST CHIEFLAND FL 32626</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  <span style="float: right;">4/10/07 352-443-2221</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>		