## 2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

SIGNATURE:

## May 03, 2006 8:00 am Secretary of State DOCUMENT # L05000114009 04-19-2006 90018 047 \*\*\*\*50.00 1. Entity Name SUNSET PROPERTY, LLC Principal Place of Business Mailing Address 2605 THOMAS DRIVE **2605 THOMAS DRIVE** PANAMA CITY, FL 32408 PANAMA CITY, FL 32408 30006878 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04062006 Chg-LLC CR2E083 (11/05) Applied For City & State City & State 4. FEI Number 36-6978795 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DURDEN, MICHAEL E Street Address (P.O. Box Number is Not Acceptable) 2605 THOMAS DRIVE PANAMA CITY, FL 32408 City Zip Code 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 principal name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. MGR Addition TITLE ☐ Delete TITLE Change NAME DURDEN, MICHAEL E MARKE STREET ADDRESS STREET ADDRESS 2605 THOMAS DRIVE CITY-ST-ZIP PANAMA CITY, FL 32408 CITY-ST-ZIP TITLE ☐ Change ☐ Addition De lete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MILE Delete MLE Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CATY-ST-ZIP CITY-ST-72P ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Additlan TITLE ☐ Delete DILE Change MAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP City-ST-ZIP ■ Addition TITLE ☐ Chance TITLE ☐ Detete NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP 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 only; 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.

IG MANAGING MENTER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

850.230-8647

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