2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 13, 2007 8:00 am
Secretary of State
03-23-2007 90173 023 ****50.00

DOCUMENT # L06000050446

1. Entity Name
SUNRISE FAYETTE PROPERTIES, LLC

Principal Place of Business
16241 SE 91ST COURT
SUMMERFIELD FL 34491

Mailing Address
16241 SE 91ST COURT
SUMMERFIELD FL 34491

1st MOORE CR2E083 (10/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 20-4879149 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

THE MILLHORN LAW FIRM
13710 US ~~HWY 441 SUITE~~ 100
LADY ~~LAKE FL 32159~~

7. Name and Address of New Registered Agent

Name GAIL M FETTER
Street Address (P.O. Box Number is Not Acceptable)
16241 SE 91ST COURT
City SUMMERFIELD FL Zip Code 34491

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 Gail M. Fetter
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM FETTER, NORMAN I 16241 SE 91ST COURT SUMMERFIELD FL 34491	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM FETTER, GAIL M 16241 SE 91ST COURT SUMMERFIELD FL 34491	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

10. ADDITIONS/CHANGES			
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change	☐ Addition

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: Gail M. Fetter 3/8/07 352-307-0054
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #