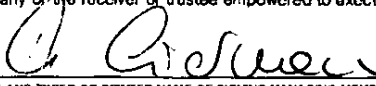


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 04, 2007 8:00 am
Secretary of State

02-23-2007 90265 001 ***100.00

DOCUMENT # L06000056189 1. Entity Name SUNSET FORTUNE, LLC					
Principal Place of Business 7953 BAYSHORE DR. TREASURE ISLAND FL 33706			Mailing Address 1314 CAPE CORAL PKWY., SUITE 207 CAPE CORAL FL 33904-9643		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 20-5017943			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			\$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent GRAHAM, RONALD L 1314 CAPE CORAL PARKWAY, SUITE 207 CAPE CORAL FL 33904-9643			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 printed name of registered agent and title if applicable.		DATE 4/23/07 (NOTE: Registered Agent signature required when re-registering)			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR EICKERMANN, MARA 7953 BAYSHORE DR. TREASURE ISLAND FL 33706	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete			
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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  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		
			DATE 4/26/07 Daytime Phone #		