

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

**FILED
Aug 11, 2008 8:00 am
Secretary of State**

08-11-2008 90027 014 ***138.75

DOCUMENT # L06000064707		
1. Entity Name SUNSTREAM REALTY, LLC		

Principal Place of Business 6620 ESTERO BLVD FT MYERS BEACH, FL 33931	Mailing Address 6620 ESTERO BLVD FT MYERS BEACH, FL 33931
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State City & State	City & State City & State
Zip Zip	Country Country

6. Name and Address of Current Registered Agent VOGEL, JAMES D 3936 TAMiami TRAIL NORTH STE B NAPLES, FL 34103		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BAKER, MARY A 6620 ESTERO BLVD FT MYERS BEACH, FL 33931	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP NGR BAKER, MARY A 6231 ESTERO Blvd. FT MYERS Beach, FL 33931
<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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"/> 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: Mary Ann Baker **7-22-8 259-765-4111**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #