

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000074306

Entity Name: SUNLINE PROPERTIES, LLC

FILED
Apr 19, 2007
Secretary of State

Current Principal Place of Business:

2120 SW POMA DRIVE
PALM CITY, FL 34990

New Principal Place of Business:

Current Mailing Address:

2120 SW POMA DRIVE
PALM CITY, FL 34990

New Mailing Address:

FEI Number: 65-0172569

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LYNN, MARK J
2200 NW CORPORATE BLVD
SUITE 401
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: COPE, KEVIN
Address: 2120 SW POMA DRIVE
City-St-Zip: PALM CITY, FL 34990

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BRADLEY, DAVID
Address: 5321 NW 58TH TERRACE
City-St-Zip: CORAL SPRINGS, FL 33067

Title: MGRM () Change (X) Addition
Name: STRINGER, RANDY
Address: 410 NW DORSET CT.
City-St-Zip: PORT ST. LUCIE, FL 34983

Title: MGRM () Change (X) Addition
Name: COPE, KEVIN D
Address: 2738 SW ABELARD ST.
City-St-Zip: PORT ST. LUCIE, FL 34953

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: KEVIN D. COPE

MGRM

04/19/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date