

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000088771

FILED  
Apr 10, 2009  
Secretary of State

**Entity Name:** SUNRISE SUNSET CONCESSIONS OF SNOOK HAVEN, LLC

**Current Principal Place of Business:**

2171 MUSKOGEE TRAIL  
NOKOMIS, FL 34275

**New Principal Place of Business:**

**Current Mailing Address:**

2171 MUSKOGEE TRAIL  
NOKOMIS, FL 34275

**New Mailing Address:**

**FEI Number:** 20-5565315

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ANDERSON, ROBERT C ESQ  
1314 EAST VENICE AVE STE E  
VENICE, FL 34285 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: MGR ( ) Delete  
Name: JANSSON, PEDER  
Address: 2171 MUSKOGEE TRAIL  
City-St-Zip: NOKOMIS, FL 34275

Title: MGR ( ) Delete  
Name: PANEK, JOSEPH  
Address: 2171 MUSKOGEE TRAIL  
City-St-Zip: NOKOMIS, FL 34275

Title: MGR ( ) Delete  
Name: HANSEN, KEN  
Address: 2171 MUSKOGEE TRAIL  
City-St-Zip: NOKOMIS, FL 34275

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

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

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

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Change (X) Addition  
Name: JANSSON, ELLEANOR  
Address: 2171 MUSKOGEE TRAIL  
City-St-Zip: NOKOMIS, FL 34275

Title: D ( ) Change (X) Addition  
Name: PANEK, MARY  
Address: 2171 MUSKOGEE TRAIL  
City-St-Zip: NOKOMIS, FL 34275

Title: D ( ) Change (X) Addition  
Name: HANSON, DELORES  
Address: 2171 MUSKOGEE TRAIL  
City-St-Zip: NOKOMIS, FL 34275

I hereby certify that the information supplied with this filing does not qualify 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: JOSEPH PANEK

MGR

04/10/2009

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