

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000118378

FILED
Apr 30, 2007
Secretary of State

Entity Name: SUN PLAZA 1.7, LLC

Current Principal Place of Business:

1647 SUN CITY CENTER PLAZA
SUITE 204-E
SUN CITY CENTER, FL 33573 US

New Principal Place of Business:

Current Mailing Address:

1647 SUN CITY CENTER PLAZA
SUITE 204-E
SUN CITY CENTER, FL 33573 US

New Mailing Address:

FEI Number: 20-8041129

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ANDREW SERVICE CORPORATION OF FLORIDA
201 N. FRANKLIN STREET
SUITE 2100
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

WHITCOMB ASSOCIATES
1647 SUN CITY CENTER PLAZA #204E
SUN CITY CENTER, FL 33573 US

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: STANLEY P WHITCOMB JR

04/30/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

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

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: WHITCOMB ASSOCIATES, INC
Address: 1647 SUN CITY CENTER PLAZA #204E
City-St-Zip: SUN CITY CENTER, FL 33573

Title: MGRM () Change (X) Addition
Name: ESTEPONA INVESTMENTS, INC.
Address: 1647 SUN CITY CENTER PLAZA #204E
City-St-Zip: SUN CITY CENTER, FL 33573

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: STANLEY P WHITCOMB JR

MGRM

04/30/2007

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