

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000025841

FILED  
Feb 12, 2009  
Secretary of State

Entity Name: LBP SUNSET PROPERTIES, LLC

**Current Principal Place of Business:**

20550 S. LAGRANGE ROAD, STE. 310  
FRANFORT, IL 60423

**New Principal Place of Business:**

**Current Mailing Address:**

20550 S. LAGRANGE ROAD, STE. 310  
FRANFORT, IL 60423

**New Mailing Address:**

FEI Number: 80-0317961

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE, SUITE 4  
WESTON, FL 33331 US

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

PARSONS, ROBERT W  
300 GULF BLVD.  
BELLEAIR SHORES, FL 33786 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: ROBERT W. PARSONS

02/12/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: PARSONS, LINDA A  
Address: 20550 S. LAGRANGE ROAD, STE. 310  
City-St-Zip: FRANFORT, IL 60423

Title: MGRM ( ) Delete  
Name: PARSONS, ROBERT W  
Address: 20550 S. LAGRANGE ROAD, STE. 310  
City-St-Zip: FRANFORT, IL 60423

**ADDITIONS/CHANGES:**

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

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

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: ROBERT W. PARSONS

MR.

02/12/2009

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