 .	and File on or before Sept. 29, 19	99 or Limited List	ollity Company				
FINAL NOTICE: will be dissolved. LIMITED LIABILITY COMPANY ANNUAL REPORT Secretary of State Division of Corporations			FILED				
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee				99 SEP :	24 PM 1	: 31	
\$ 588.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE 1 Name and Mailing Address of Limited Liability Company DOCUMENT # L98000002285				SECRETARY OF STATE TALLAHASSEE, FLORIDA			
SUNHOUSE CONSTRUCTION OF NORTHWEST FLORIDA				1a. Principal Pla	ce of Business	Address	
363 GRANELLO AVENUE				-363 -GRANELLO AVENUE			
CORAL GABLES FL 33146				- CORAL GABLES FL 33146			
				A Data Orașilar	ed and Outside and	To State of Farmer	
2 Principal Place of Business 2a. Mailing Address 2 Colling Dunes R.				3. Date Organize 10/14/1		3a. State of Formation	
Sinte, Apt. #, etc. Salta Pas A Best Suite, Apt. #, etc.				4. FEI Number	990	Applied For	
City & State City & State						Not Applicable	
-{	ORNAA Zio	JCCI Count	ry	5. Date of Last F	teport	6. Certificate of Status Desired 88.75 Additional Fee Required	
529	7. Name and Address of Current Registered	Agent	8. 1	lame and Address	of New Regis	itered Agent/Office	
WEIDER, NORMAN S ESQ.							
100 S.E. 2ND STREET, SUITE 3910 Street Address (P.M. MIAMI FL 33131				.O. Box Number l	s Not Acceptal	ole)	
			Suite, Apt. #, etc.	ie, Apt. #, etc.			
City				Z _{IP} Code			
Pursuant to the provisions of Sections 608 416 and 608 508, Florida Statutes, the above-named limited lia					iability company submits this statement for the numose of changing		
its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.							
SIGNATURE Kay M. M. Control of Agent According Apportments (NOTE. Registered Agent signature required when renstating)					DATE	-21-99	
10. Title			Business Street Address		City, State and Zip Code		
					1		
MGRM	JOHANSSON, STEFAN	363 GRANE:	E CORAL GABLES FL				
MGRM	GREENE, ROY	219 ROLLING DUNES DRIVE			SANTA	ROSA BEACH FL	
				901	DDD31 -10/06. ****5	D065891 /9901002008 38.75 ****588.75	
					 - 	De 17-99	
It do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. If urther certify that the information indicated on this annual 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 imitted liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address							
SIGNATURE: 12M M MURILLE 1-21-99 850-267-0922							
SIGNATURE A METTALLED OR PHINTE DI NATAL OF SIGNING MANAGING MEMBER OR MANAGER Date Daysinic Phintip #							