

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000000826

FILED
Sep 07, 2004
Secretary of State

Entity Name: SUNSET HOUSING GROUP, LLC

Current Principal Place of Business:

22 CRAVEN ST
CAVE SPRING, GA 30124

New Principal Place of Business:

22 CRAVEN ST
CAVE SPRING, GA 30124 US

Current Mailing Address:

P.O. BOX 275
CAVE SPRING, GA 30124

New Mailing Address:

P.O. BOX 275
CAVE SPRING, GA 30124 US

FEI Number: 58-2614851

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

A1A REGISTERED AGENT, INC.
92 SADBERRY ROAD
QUINCY, FL 323510000 US

Name and Address of New Registered Agent:

CRAWFORD, THOMAS M MR
54 MIRUELA AVENUE
SAINT AUGUSTINE, FL 32080 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: THOMAS M CRAWFORD

09/07/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: JACKSON, BEN
Address: 534 PERRY FARM RD
City-St-Zip: CAVE SPRING, GA 30124

Title: MGRM () Delete
Name: JACKSON, LESLIE D
Address: 534 PERRY FARM ROAD
City-St-Zip: CAVE SPRINGS, GA 30124

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 for the exemption stated in Section 119.07(3)(i), 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: BEN JACKSON

PRES

09/07/2004

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