


**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92172 013 ****50.00

DOCUMENT # M02000000826
1. Entity Name
SUNSET HOUSING GROUP, LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 22 Craven Street Suite, Apt. #, etc.		3. Mailing Address PO Box 275 Suite, Apt. #, etc.	
City & State Cave Spring, GA		City & State Cave Spring, GA	
Zip 30124	Country USA	Zip 30124	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 582614851	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

DO NOT WRITE IN THIS SPACE.

7. Name and Address of Current Registered Agent

Name A1A REGISTERED AGENT, INC.
Street Address (P.O. Box Number is Not Acceptable) 25 S.E. 2ND AVENUE SUITE 1036
City MIAMI FL Zip Code 33131

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Paul Smith* PAUL SMITH, VICE PRESIDENT 4-25-03 DATE

FEE IS \$50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JACKSON, BEN 534 PERRY FARM RD CAVE SPRING GA 30124	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member Leslie D. Jackson 534 PERRY FARM RD CAVE SPRING GA 30124	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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11. I hereby certify that the information supplied with this filing does not qualify 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 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* BEN JACKSON, MGR 4-25-03 206-772-3377

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #