## 2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## Apr 16, 2007 08:00 All Secretary of State DOCUMENT # M04000001471 1. Entity Name SUNVIEW PROPERTIES, LLC Principal Place of Business Mailing Address 1010 MEMORIAL WAY SUITE 102 1010 MEMORIAL WAY SUITE, 102 FT. WAYNE, IN 46805 FT. WAYNE, IN 46805 > 03162007 No Chg-LLC CR2E083 (11/05) 4. FEI Number Applied For 61-1467514 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE PACIFIC REGISTERED AGENTS, INC. 92 SADBERRY ROAD QUINCY, FL 32351 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2007 MANAGING MEMBERS/MANAGERS 9. TITLE MGR PERRY, R. SCOTT NAME STREET ADDRESS 1010 MEMORIAL WAY SUITE 102 CITY-ST-ZIP FT. WAYNE, IN 46805 04/25/07/80037-024 50.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS

**FILED** 

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME NG MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. 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 hability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

CITY-ST-ZIP