


**File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.**

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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FILED  
 98 MAR 13 PM 4:00  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

<b>FILING FEE</b>	<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b>
<b>\$ 188.75</b>	<b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>

1. Name and Mailing Address of Limited Liability Company  SUNSET LANDING, L.L.C. 6501 GOLDFLEAF DR BETHESDA MD 20812	<b>DOCUMENT # M95000000375</b>
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1a. Principal Place of Business Address  803 DON QUIXOTE AVE ORLANDO FL 32807
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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3. Date Organized or Qualified 12/20/1995	3a. State of Formation MD	4. FEI Number 52-1950236	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Date of Last Report 04/28/1997	6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

7. Name and Address of Current Registered Agent  THE PRENTICE-HALL CORPORATION SYSTEM, 1201 HAYS STREET, SUITE 105 TALLAHASSEE FL 32301
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8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code <p style="text-align: center;"><b>FL</b></p>
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9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose 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 \_\_\_\_\_ DATE \_\_\_\_\_  
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	LENKIN, MELVIN	1500 S. OCEAN BLVD., #1001	BOCA RATON FL
MGRM	WALDE, WILLIAM	C/O 6501 GOLDFLEAF DRIVE	BETHESDA MD
<del>MGR</del>	<del>SANDERS, MICHAEL I</del>	<del>1250 CONNECTICUT AVE., N.W.</del>	<del>WASHINGTON DC</del>

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11. I 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. I further 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 limited 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: *William P. Sanders*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_