


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 99 MAR 17 AM 8:14 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company DOCUMENT # M98000000266 SUNRISE VILLAGE COMMUNITY, L.C. 799 CLEARLAKE ROAD COCOA FL 32922		1a. Principal Place of Business Address 799 CLEARLAKE ROAD COCOA FL 32922			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country		3. Date Organized or Qualified 03/19/1998	
				3a. State of Formation OH	
				4. FEI Number NOT APPLICABLE	
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				5. Date of Last Report 6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent CORPORATION SERVICE , COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301			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 FL		
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 _____	
<small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when changing)</small>					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	PLACIDO, RICHARD A	20220 CENTER RIDGE ROAD, #		ROCKY RIVER OH	
MGR	INKS, DANIEL E	9 CORPORATION CENTER		BROADVIEW HEIGHTS OH	
MGRM	STAKE, ROGER D	3228 W.W. MARTIN DOWNS BLV 191 S.W. Monterey Rd.		PALM CITY FL Stuart, FL 34994	
MGRM	ARBREE, RAY M	3228 W.W. MARTIN DOWNS BLV 191 S.W. Monterey Rd.		PALM CITY FL Stuart, FL 34994	
<i>SL</i> <i>3-24-99</i>					
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: _____		Ray Arbree		3/5/99 (561)223-1661	
<small>SIGNATURE AND TYPE OF OFFICIAL NAME OF SIGNING MANAGING MEMBER OR MANAGER</small>					