


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jul 20, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # M98000000266**

1. Entity Name  
 SUNRISE VILLAGE COMMUNITY, L.C.



Principal Place of Business  
 799 CLEARLAKE ROAD  
 COCOA, FL 32922

Mailing Address  
 9 CORPORATION CENTER  
 BROADVIEW HEIGHTS, OH 44147

**DO NOT WRITE IN THIS SPACE**



07092004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 34-1864332	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE, FL 32301-2525

**DO NOT WRITE 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00 Due by September 8, 2004**

DATE: 07/20/04-80002-010 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PLACIDO, RICHARD A 1400 NORTHPOINT TWR, 1001 LAKESIDE AVE CLEVELAND, OH 441141152
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR INKS, DANIEL E 9 CORPORATION CENTER BROADVIEW HEIGHTS, OH 44147
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM STAKE, ROGER D 405 US HIGHWAY 1, SUITE 107 N. PALM BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ARBREE, RAY M 18862 LOBLOLLY PINE CT. JUPITER, FL 33458
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: *Daniel E Inks* Administrative Manager 7/9/04 440-838-4868

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