


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 12, 2005 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



01202005 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**

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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) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
 Due by May 1, 2005**

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	

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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)(f), 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  **Administrative Manager** **01-29-05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #