

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 27, 2006 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



01202006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
34-1864332

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME PLACIDO, RICHARD A
STREET ADDRESS 1400 NORTHPOINT TWR, 1001 LAKESIDE AVE
CITY-ST-ZIP CLEVELAND, OH 441141152

TITLE MGR
NAME INKS, DANIEL E
STREET ADDRESS 9 CORPORATION CENTER
CITY-ST-ZIP BROADVIEW HEIGHTS, OH 44147

TITLE MGRM
NAME STAKE, ROGER D
STREET ADDRESS 405 US HIGHWAY 1, SUITE 107
CITY-ST-ZIP N. PALM BEACH, FL 33408

TITLE MGRM
NAME ARBREE, RAY M
STREET ADDRESS 18862 LOBLOLLY PINE CT.
CITY-ST-ZIP JUPITER, FL 33458

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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03/08/06-80052-016 50.00

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IN THIS SPACE**

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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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Administrative manager

2/2/06

440-838-4868

Date

Daytime Phone #