2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2004
Secretary of State

DOCUMENT# L00000007732

Entity Name: SUNRISE INTERNATIONAL MARKETING LLC

Current Principal Place of Business:

261 PLAZA DR., SUITE B
OVIEDO, FL 32765

New Principal Place of Business:

816 EXECUTIVE DRIVE
OVIEDO, FL 32765

Current Mailing Address:

261 PLAZA DR., SUITE B
OVIEDO, FL 32765

New Mailing Address:

816 EXECUTIVE DRIVE
OVIEDO, FL 32765

FEI Number: 59-3657802 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ARNOLD, MATHENY & EAGAN, P.A.
801 N. MAGNOLIA AVE., SUITE 201
ORLANDO, FL 32803 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: ATKINS, JOHN E
Address: 261 PLAZA DR., SUITE B
City-St-Zip: OVIEDO, FL 32765

Title: MGRM ( ) Delete
Name: ATKINS, BARBARA
Address: 261 PLAZA DR., SUITE B
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: ATKINS, JOHN E
Address: 816 EXECUTIVE DRIVE
City-St-Zip: OVIEDO, FL 32765

Title: MGRM (X) Change ( ) Addition
Name: ATKINS, BARBARA
Address: 816 EXECUTIVE DRIVE
City-St-Zip: OVIEDO, FL 32765

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOHN E. ATKINS MGRM 04/16/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date