


2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

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| DOCUMENT # L01000003636 1. Entity Name SUNSET LARIOS L.L.C. |  |
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| Principal Place of Business 5859 SW 73 STREET MIAMI, FL 33143 | Mailing Address 5859 SW 73 STREET MIAMI, FL 33143 |
|---|---|



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|--|--|
| 2. Principal Place of Business - No P.O. Box # 5859 SW 73rd Street | 3. Mailing Address 5859 SW 73rd Street |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

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|--|--|
| City & State South Miami, FL | City & State South Miami, FL |
| Zip 33143 | Country U.S. |
| Zip 33143 | Country U.S. |

FILED

07 DEC 14 PM 1:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11162007 Chg-LLC CR2E083 (12/06)

| | | | |
|--|--|--|--|
| 6. Name and Address of Current Registered Agent KOLSKI, STEVE J 2600 DOUGLAS RD. SUITE 1109 CORAL GABLES, FL 33146 | | 7. Name and Address of New Registered Agent Name Holland & Knight LLP Street Address (P.O. Box Number is Not Acceptable) 701 Brickell Avenue Suite 3000 City Miami FL Zip Code 33131 | |
|--|--|--|--|

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 /s/ MICHELLE IMPAGLIA (NOTE: Registered Agent signature required when reinstating) DATE _____

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|------------------------------|---|---|
| Amended AR is \$50.00 |  | Make check payable to Florida Department of State |
|------------------------------|---|---|

| 9. MANAGING MEMBERS/MANAGERS | | | | 10. ADDITIONS/CHANGES | | | |
|------------------------------|------------------------|--|--|-----------------------|--------------------------------------|---|--|
| TITLE | MGR | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | LARIOS, QUINTIN | | | NAME | 500113406305 | | |
| STREET ADDRESS | 735 CALATRAVA AVENUE | | | STREET ADDRESS | 12/26/07--01050--022 **\$1.25 | | |
| CITY-ST-ZIP | CORAL GABLES, FL 33143 | | | CITY-ST-ZIP | | | |
| TITLE | MGR | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | LARIOS, MARIA T | | | NAME | | | |
| STREET ADDRESS | 735 CALATRAVA AVENUE | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | CORAL GABLES, FL 33143 | | | CITY-ST-ZIP | | | |
| TITLE | MGR | <input checked="" type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | PALENZUELA, GONZALO J | | | NAME | | | |
| STREET ADDRESS | 1195 NW 97 AVE | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | MIAMI, FL 33172 | | | CITY-ST-ZIP | | | |
| TITLE | MGR | <input checked="" type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | CARRERAS, MARIA A | | | NAME | | | |
| STREET ADDRESS | 1195 NW 97 AVE | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | MIAMI, FL 33172 | | | CITY-ST-ZIP | | | |
| TITLE | MGRM | <input checked="" type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | MARTINEZ, DELIA E | | | NAME | | | |
| STREET ADDRESS | 1195 NW 97 AVE | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | MIAMI, FL 33172 | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |

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:  12-06-07 305-266-5494

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