


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000009152 1. Entity Name SRA/SUNRISE II, LLC	
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Principal Place of Business 104 CRANDON BLVD 306-A KEY BISCAVNE, FL 33149 US	Mailing Address 104 CRANDON BLVD. SUITE 306-A KEY BISCAVNE, FL 33149 US
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent MIGUEL, ECHARTE 104 CRANDON BLVD. SUITE 306-A KEY BISCAVNE, FL 33149	DO NOT WRITE IN THIS SPACE
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5. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2004**

000000034750
02/05/04-80096-008 55.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM STEIN, CLIFFORD 5345 PINETREE DR. MIAMI, FL 33140
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ECHARTE, MIGUEL 104 CRANDON BLVD., SUITE 306-A KEY BISCAVNE, FL 33149
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**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)(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:  **3/6/04 305 341 8345**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date Daytime Phone #