

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000017616

FILED  
May 01, 2004  
Secretary of State

Entity Name: 1100 WEST SUNRISE, L.L.C.

**Current Principal Place of Business:**

888 SE 3RD AVENUE  
SUITE 501  
FORT LAUDERDALE, FL 33316

**New Principal Place of Business:**

**Current Mailing Address:**

888 SE 3RD AVENUE  
SUITE 501  
FORT LAUDERDALE, FL 33316

**New Mailing Address:**

FEI Number: 65-1150031      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

H. COLLINS FORMAN, JR., P.A.  
1323 SE 3RD AVENUE  
FORT LAUDERDALE, FL 33316      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: MGR      ( ) Delete  
Name: FORMAN, MILES AUSTIN  
Address: 888 SE 3RD AVE., STE. 501  
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: MGR      ( ) Delete  
Name: FORMAN, H. COLLINS JR.  
Address: 1323 SE 3RD AVENUE  
City-St-Zip: FORT LAUDERDALE, FL 33312

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: M. AUSTIN FORMAN      MGR      05/01/2004

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