


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90027 040 \*\*\*\*50.00

<b>DOCUMENT # L04000081314</b>	
1. Entity Name <b>SUN-PINE PROPERTY MANAGERS, LLC</b>	

Principal Place of Business <b>444 BRICKELL AVENUE STE. 210 MIAMI, FL 33131</b>	Mailing Address <b>C/O 1200 BRICKELL AVENUE STE. 900 MIAMI, FL 33131</b>
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**20056561**

2. Principal Place of Business	3. Mailing Address <b>444 Brickell Avenue</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <b>210</b>
City & State	City & State <b>Miami FLA</b>
Zip	Country <b>33131 U.S.A.</b>



01072005 Chg-LLC CR2E083 (10/03)

4. FEI Number <b>20-1862644</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent	
AGI REGISTERED AGENTS, INC. 1200 BRICKELL AVENUE STE 900 MIAMI, FL 33131	

7. Name and Address of New Registered Agent	
Name <b>Carlos Rodriguez</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>444 Brickell Avenue Suite 210</b>	
City <b>Miami</b>	Zip Code <b>FL 33131</b>

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 <b>Carlos Rodriguez</b>	DATE <b>04/27/2005</b>

<b>Filing Fee is \$50.00 Due by May 1, 2005</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RODRIGUEZ, CARLOS H 444 BRICKELL AVENUE STE. 210 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RODRIGUEZ, OSCAR 444 BRICKELL AVENUE STE. 210 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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: <b>Carlos Rodriguez - Manager</b>	DATE: <b>04/27/2005</b> DAYTIME PHONE: <b>305-372-5025</b>