

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 29, 2008 8:00 am**  
**Secretary of State**

02-29-2008 90102 018 \*\*\*138.75



**DOCUMENT # L05000084568**  
**1. Entity Name**  
**SUNSET INVESTMENTS, LLC**

**Principal Place of Business**  
~~3191 CORAL WAY~~  
~~SUITE 624~~  
~~MIAMI, FL 33145~~

**Mailing Address**  
~~3191 CORAL WAY~~  
~~SUITE 624~~  
~~MIAMI, FL 33145~~



**2. Principal Place of Business - No P.O. Box #**  
 2828 CORAL WAY  
 Suite, Apt. #, etc. 308

**3. Mailing Address**  
 2828 CORAL WAY  
 Suite, Apt. #, etc. 308

01312008 Chg-LLC CR2E083 (12/06)

**City & State**  
 MIAMI, FL

**City & State**  
 MIAMI, FL

**Zip** 33145 **Country** USA

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**4. FEI Number**  
 20-4091423

**Applied For**  
 Not Applicable

**5. Certificate of Status Desired**  **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
 MELO, PAULO  
 3191 CORAL WAY  
 SUITE 624  
 MIAMI, FL 33145

**7. Name and Address of New Registered Agent**

**Name** SAME

**Street Address (P.O. Box Number is Not Acceptable)**  
 2828 CORAL WAY  
 # 308

**City** MIAMI **FL** **Zip Code** 33145

**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** \_\_\_\_\_ **DATE** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
<b>TITLE</b> MGR	<input type="checkbox"/> Delete
<b>NAME</b> MELO, PAULO	
<b>STREET ADDRESS</b> 3191 CORAL WAY #624	
<b>CITY-ST-ZIP</b> CORAL GABLES, FL 33145	
<b>TITLE</b> MGR	<input type="checkbox"/> Delete
<b>NAME</b> MELO, EDWARD	
<b>STREET ADDRESS</b> 3191 CORAL WAY #624	
<b>CITY-ST-ZIP</b> CORAL GABLES, FL 33145	
<b>TITLE</b> NAME	<input type="checkbox"/> Delete
<b>STREET ADDRESS</b> CITY-ST-ZIP	
<b>TITLE</b> NAME	<input type="checkbox"/> Delete
<b>STREET ADDRESS</b> CITY-ST-ZIP	
<b>TITLE</b> NAME	<input type="checkbox"/> Delete
<b>STREET ADDRESS</b> CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
<b>TITLE</b> MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> MELO, PAULO	
<b>STREET ADDRESS</b> 2828 CORAL WAY # 308	
<b>CITY-ST-ZIP</b> MIAMI, FL 33145	
<b>TITLE</b> MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> MELO, EDWARD	
<b>STREET ADDRESS</b> 2828 CORAL WAY # 308	
<b>CITY-ST-ZIP</b> MIAMI, FL 33145	
<b>TITLE</b> NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> CITY-ST-ZIP	
<b>TITLE</b> NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> CITY-ST-ZIP	
<b>TITLE</b> NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 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:** Paulo Melo **2/22/2008** **305 567 1163**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #