

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000096954

Entity Name: XENA SUNRISE, LLC

FILED  
Mar 30, 2009  
Secretary of State

**Current Principal Place of Business:**

5100 TOWN CENTER CIRCLE, SUITE 430  
BOCA RATON, FL 33486

**New Principal Place of Business:**

1141 SOUTH ROGERS CIRCLE, SUITE 12  
BOCA RATON, FL 33487

**Current Mailing Address:**

5100 TOWN CENTER CIRCLE, SUITE 430  
BOCA RATON, FL 33486

**New Mailing Address:**

1141 SOUTH ROGERS CIRCLE, SUITE 12  
BOCA RATON, FL 33487

FEI Number: 20-4094788

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

E.H.G. RESIDENT AGENTS, INC.  
5100 TOWN CENTER CIRCLE, SUITE 430  
BOCA RATON, FL 33486 US

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

E.H.G. RESIDENT AGENTS, INC.  
1141 SOUTH ROGERS CIRCLE, SUITE 12  
BOCA RATON, FL 33487 US

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

03/30/2009

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: LEE, ROBERT E  
Address: 5100 TOWN CENTER CIRCLE, SUITE 430  
City-St-Zip: BOCA RATON, FL 334861021

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: LEE, ROBERT E  
Address: 1141 SOUTH ROGERS CIRCLE, SUITE 12  
City-St-Zip: BOCA RATON, FL 33487

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ROBERT LEE

MGR

03/30/2009

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