


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 09, 2007 8:00 am
Secretary of State

05-09-2007 90030 045 ****50.00

DOCUMENT # L06000050005 1. Entity Name SUNRISE INTERNATIONAL VENTURE, LLC	
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Principal Place of Business 121 ALHAMBRA PLAZA, PH1 SUITE #1600 CORAL GABLES, FL 33134 US	Mailing Address 121 ALHAMBRA PLAZA, PH1 SUITE #1600 CORAL GABLES, FL 33134 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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01052007 Chg-LLC CR2E083 (12/06)

4. FEI Number Applied For	Applied For Not Applicable
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5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

RENTZ, R. LARRY
121 ALHAMBRA PLAZA, PH1
SUITE # 1600
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

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 re-registering)

**Filing Fee is \$50.00
Due by May 1, 2007**

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM MORRIS, W. ALLEN <input type="checkbox"/> Delete
NAME	121 ALHAMBRA PLAZA, PH1, SUITE #1600
STREET ADDRESS	CORAL GABLES, FL 33134
CITY - ST - ZIP	
TITLE	MGR <input type="checkbox"/> Delete
NAME	GRAHAM, DALE I
STREET ADDRESS	121 ALHAMBRA PLAZA, PH1, SUITE # 1600
CITY - ST - ZIP	CORAL GABLES, FL 33134
TITLE	MGR <input type="checkbox"/> Delete
NAME	GIL, YAZMIN
STREET ADDRESS	121 ALHAMBRA PLAZA, PH1, SUITE # 1600
CITY - ST - ZIP	CORAL GABLES, FL 33134
TITLE	MGR <input type="checkbox"/> Delete
NAME	RENTZ, R. LARRY
STREET ADDRESS	121 ALHAMBRA PLAZA, PH1, SUITE # 1600
CITY - ST - ZIP	CORAL GABLES, FL 33134
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: *R. L. Rentz* **Manager** 3-28-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #